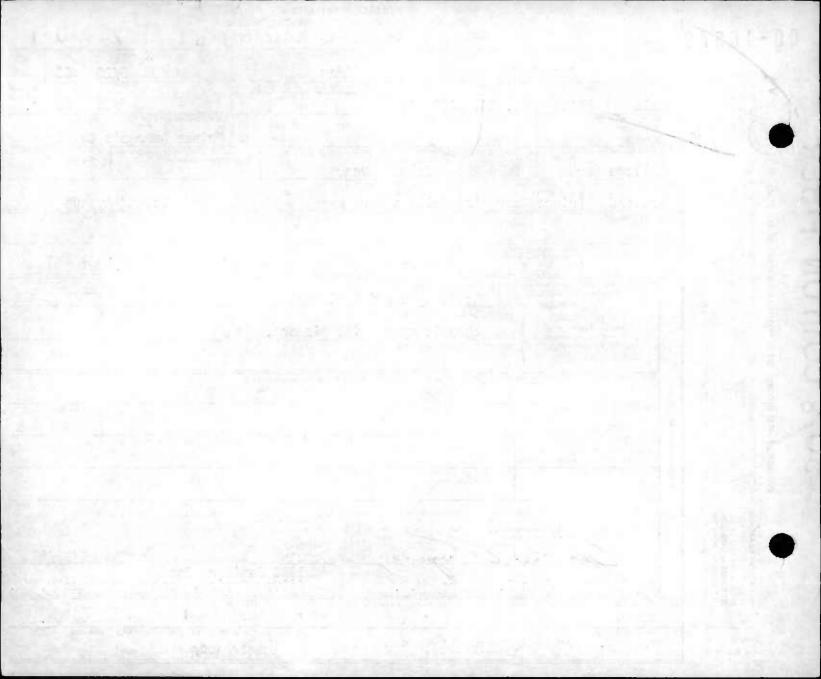
			FOR			DI	EPART!	MENT OF	HEALTH	AND M	ENTAL	HYGIEN	IE		AND IN		
00-	10579		STATE REGISTRAR			MED	ICALE	IMAX	IER'S	ERTIFI	CATE	OF DEA	MH 6	REG. NO	1) 0	
	/		CEASED NAMI				MIDDLE			LAST			20. DATE KNO	X NWC	MONTH DAY	YEAR	26 HO
1	資金根据用		lter	Josep						dam			DEATH MA	ATED	6/23	1986	
18ºs	SA STREET	7.5EX	lale	4. RACE White	5 DATE OF	DAY	1917	6. AGE (IN Y LAST BIRTHI	RS. IF UN		HOURS	R 24 HRS.	PRONOUNCE DEAD	D	6/23	1986	26 HQ
	ASSAN NEWAL	10	RTHPLACE (5) MOUNTRY) Many	TATE OR	76. CITIZEN	OF WHA			TR .		EVER MARI	RIED .	9. BALTIMOR Prince	_			,
	SERVEN SERVEN	10. CI	TY OR TOWN		11. NAME (OF HOSP	LITY, GIVE ST	SING HOM REET ADDRESS) Sland	E, OR OTH	ER INSTITU		Tau USI	UAL OCCUPAT	ION (TYPE O	EWORK 12b. K		JSINESS
1201	AN MAN MAN MAN MAN MAN MAN MAN MAN MAN M	USU A 13 a S	L RESIDENCE	HE IN NURSING HOME	or other institute Georg	UTION GIVE	RESIDENCE	BEFORE ADMISS	IONI		CITY LIMITS?	13e STR	REET ADDRESS	Isla	nd Ave	207	741
E. MD.	M 3 2 8 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	14. FA	ATHER'S NAME FIRST 1known		MIDDLE	3		AST		15. MOTH	ER'S MAID FIRST					LAST	
BALTIMORE	AFTER DE HYPE PAGE H FORM AGES 1 A	Téa V	VAS DECEASEI	D EVER IN U.S. AR	MED FORCES	S?		1AL SECURI 38-28		17. INFOR	Imle	r 47	13 Holf 11ege P	ywood ark,	Rd. Md. 20	740	
17	HOURS NG WIT RMIT. P. ENE. DIV		TR CAUSE O	F DEATH (Enter on ATH WAS CAUSE	nly one couse D BY: TE CAUSE (o	Acı		ond (c).)	dial	disea	ıse				BF	APPROXIMATI	E INTERVAL T AND DEA
PRESTON ST	THIN 24 31. IN THE ER ALO NAST PE REMOVI			ns, if ony, which	DUE	TO, OR A		SEQUENCE		1 dis	ease.						
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PIVISION OF	G THE WE TO THE HOULD B WARTMEN		UNDERLYING	AL CAUSE WAS OR NG CAUSE OF	НО	TIME OF I UR A.M. P.M.		DAY YEA	R 21c HC	OW INJUR		ED (ENTER	NATURE OF INJURY	IN ITEM 18 PAR	IT 1 OR PART 2)		
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	MEDICAL E CUTE THE C RE 4 SHOUL FUNERAL C GR DEATH TIMORE, M		ACTUAL SIGNATURE EXAMINATOR	NAME JO	ohn S.	Roge	ers.	M.D.		Dep	1919	Semi	nary Ro ring, M	ad	3,0,12,0	6/23/ County	
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25M	DHMH - 17 (VR A15 ME (5))	24 FI	onald V	· Borgwa	rdt #4	10.P	owder	Mill	0785		JU	N 26	Y REGISTRAR	756 REGIST	RAR'S SIGNA	ATURE	PAR

JUN 26 1986

STATE OF MARYLAND



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	STATE OF MARYLAND
FOR	DEDARTMENT OF HEALTH AND MEN

AND MENTAL HYGIENE

8	6	(aure	7	i	Ü	-
	REG. NO.					1

17	DECEASED NAME	FIRST		MIDDLE	ı	LAST	2a. DATE OF	DEATH MO	нтио	DAY YEAR	26 HOUR
	TYPE OR PRINT)	Gertru		nna	A	lder		13, 1			5:00
3.	. SEX		4 RACE		5. DATE C		6 AGE (IN YE	ARS LAST BIRTHE	DAY)	IF UNDER TYEAR	IF UNDER 24
1	Female		Cauca	sian	AUPT	16.1929	56		YRS.	MONTHS DAYS	HOURS
70	BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMOR	E CITY OR		Y OF DEATH	
1	COUNTRY) Auetria		U.S.A		WIDOWE	D NEVER MARRIED DIVORCED	Prince	e Geor	gets	County	, ~
中	CITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL C	CCUPATION	N	126. KIND C	DF_BUSINES:
0	Lanham			ch facility, give street		f Pr. Geo. Co.				Comme	
	SUAL RESIDENCE (IF P	13b. COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET A	DDRESS / 2	ZIP COD	Bank	
1	Maryland	P.G		Bowie		YES NO				Lane 20'	715
14	I. FATHER'S NAME	A	AIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	WIDDLE		1.4	57.
	Lorenz	,		Greis		Josefine		MIDDLE		Hor	wath
16	WAS DECEASED EN		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS	S Ad		ame a
	NO NO OR DINKNOWN	(IF TES, GIVE	WAR OR DATES	223-38-1	1286	Mr. John H.	Alder		No	# 13.	
	Conditions, if a	H WAS CAUSED IMMEDIATE Dony, which immediate	DUE TO, C	DR AS A CONSEQUE	WWY	rengus syr	Hem 14 1Texsl	Mon	street	A BEIWEIN	ONSELANDO
	Conditions, if a gave rise to couse (a), st underlying ca	IMMEDIATE IMMEDIATE any, which immediate ating the ause last.	DUE TO, C DUE TO, C DUE TO, C (b)	DR AS A CONSEQUE	MUZM ENCE OF					4	
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2	Conditions, if or gove rise to couse (o.), st underlying co	H WAS CAUSED IMMEDIATE Day, which immediate ofting the ouse last. SIGNIFICANT CO ERATION UNDERLYING CAUSE OF DEAL	DUE TO, C DUE TO, C (b) DUE TO, C (c) ONDITIONS C 19b COND 21b. TIME C HOUR A	OR AS A CONSEQUE ON TRIBUTING TO D ONTRIBUTION FOR WHICH	CE OF DEATH BUT	NOT RELATED TO THE TERM	200 AUTO	OR CONDI	TION GI 20b. IF YE IN CERTI	VEN IN PART 16	NGS USED S OF DEATH
2	Conditions, if of gove rise to couse (o), st underlying con PART 2 OTHER S 19a. DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 21d, INJURY OCC.) WHILE NO WHILE WHILE NO WHILE WHI	H WAS CAUSEE IMMEDIATE Day, which immediate ofing the buse last. SIGNIFICANT CO RATION UNDERLYING CAUSE OF DEAL MEDICAL EXAMINER)	DUE TO, C (b) DUE TO, C (c) ONDITIONS C 19b COND 21b TIME C HOUR A P 21e PLACE	OR AS A CONSEQUE ONTRIBUTING TO D OTTON FOR WHICH OF INJURY M. MONTH DA	OPERATION 19	NOT RELATED TO THE TERM	200 AUTO	OR CONDI	TION GI 20b. IF YE IN CERTI Y IN ITEM 18	VEN IN PART 16	NGS USED S OF DEATH NO
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2	Conditions, if a gove rise to couse (a), st underlying co PART 2 OTHER S 19a. DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A TWORK AT WORK AT WO	IMMEDIATE	DUE TO, C (b) DUE TO, C (c) ONDITIONS C 19b COND 19b COND 11b TIME C HOUR A P 21b PLACE (AT HOME, ST	OR AS A CONSEQUE ONTRIBUTING TO D OITION FOR WHICH OF INJURY .M. MONTH DA .M. OF INJURY (REET, FACTORY, OFFICE, FA	OPERATIO	ON WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET	200 AUTO YES RED (ENTERNAT	PSY? NO INJURY	20b. IF YE IN CERTII Y IN ITEM 18	ES, WERE FINDI IFYING CAUSES ES PART 1 OR PART 2]	NGS USED S OF DEATH NO []
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2	Conditions, if or gove rise to couse (o.), st underlying compared to the couse of t	H WAS CAUSEE IMMEDIATE Dry, which immediate ofting the puse last. SIGNIFICANT CO RATION UNDERLYING CAUSE OF DEAL MEDICAL EXAMINER) TURRED TURRED TURRED TURNIE TURNI	DUE TO, CO (b) DUE TO, CO (c) ONDITIONS C 19b COND 19b COND	OR AS A CONSEQUE ONTRIBUTING TO D ONTRIBUTING	OPERATIO	21c. HOW INJURY OCCUR 211 LOCATION STREET 19 nd that in (my) (our) opinion DEGREE	200 AUTO YES RED (ENTER NAT death occurred	PSY? NO URE OF INJURY I CITY OR TOWN d on the dote STAFF PHYSICIA	20b. IF YE IN CERTIN Y Y IN ITEM 18	VEN IN PART 10 ES, WERE FINDI IFYING CAUSES ES PART 1 OR PART 2) COUNTY 19 22c. DATE June	that (h) (was couses state SIGNED

DHMH - 16 60M 7/84

(SPECIFY) Burial

June16,1986

Brentwood

Maryland P.G.

Ft. Lincoln Cemetery REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR F. Gasch's Sons F.H. P.A. Hyattaville, Maryland

(VRA 15, 4)

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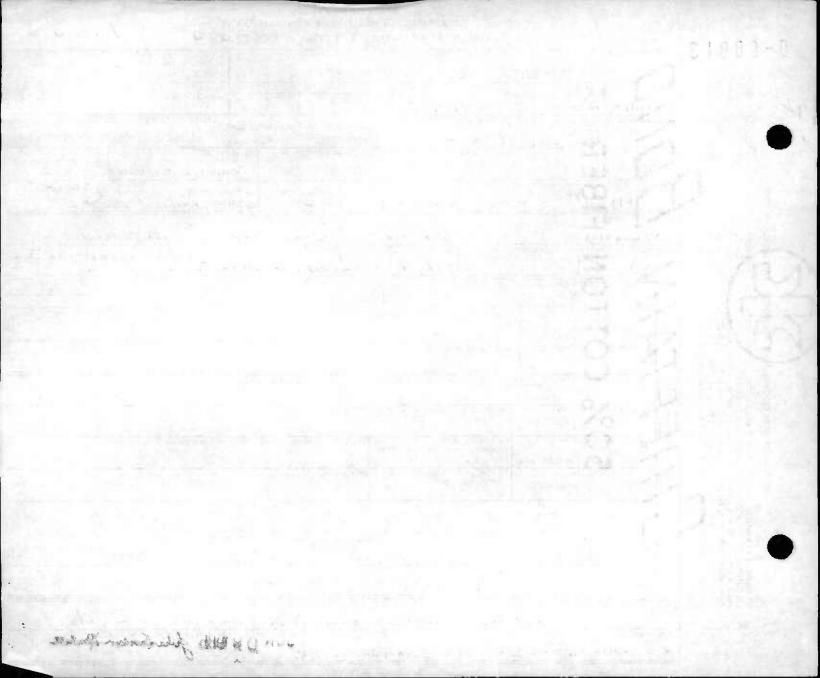
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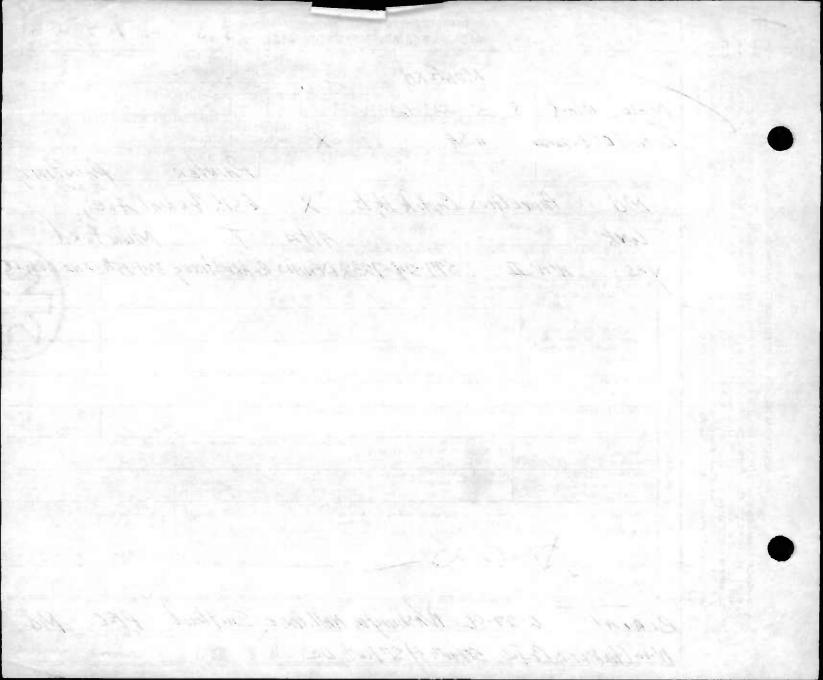
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME DATE KNOWNXX MONTH (TYPE OR PRINT) OF ESTI-19 86 DEATH MATED DEBORAH **ANDERSON** 4. RACE 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE 2d HOUR YEAR LAST BIRTHDAY) PRONOUNCED 1986 3:30P 4 1954 FEMALE BLACK TO BIRTHPLACE (STATE OR Th CITIZEN OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Prince George County WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACULTY GIVES TREET ADDRESS)
Prince George General Hospital Computer OPERATEM Cheverly A.R.A SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20785 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS CHEVERLY YES ON 16335 LANDOVER DD. 302 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME CHARLOTTE SMITH REGINALD ANDERSON 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h. SOCIAL SECURITY NO 5530 (YES, NO, OR UNKNOWN) 577-76-4592 CHARLOTTE SMITH. DXON 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Intracerebral hemorrhage IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO USED AS A B 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? (HO) 器 21a EXTERNAL CAUSE WAS 21b. TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 218 PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, FTC.) CITY OR TOWN STATE AT WORK AT WORK theadon ly DIRECTOR: 22a. I certify that I took charge of the remains this ribed above, held on Autorpsy ond in my apinion deoth resulted from Hamicide ___ Undetermined manner Natural causes DATE June 6,86 GE 4 SHOU FUNERAL D HE DEATH. MEDICAL EXAMINER appress 111PennStreet, Balto, MD 21201 EXAMINER'S NAME Dennis F. Smyth, M.D. TYPE OR PRINT 0 730 NAME OF CEMETERY OR CREMATORY PANK LANDOYER HARMONY MEM. 02784 24 FUNERAL DIRECTOR **DHMH - 17** WASHINGTON & SONS 4925 BURROUGHS AVE. N.

(VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED MAME 20. DATE KNOWN CHYPE OR PRINTS OF ESTI-19 86 ARMSTRONG DEATH MATED 16 COLONEL DATE OF IF UNDER 1 YR IF UNDER 24 HRS. 2c DATE MONTH LAST BIRTHDAY) MONTHS PRONOUNCED 10 86 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's County WIDOWED DIVORCED II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 6812 Central Ave. Capitol Heights . STATE 13d. INSIDE CITY LIMITS? II. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Stab wound of abdomen IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 USED AS A B Arteriosclerotic cardiovascular disease
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19s DATE OF OPERATION 20 AUTOPSY? YES NO HOULD BE UNATTWENT CHARMENT CH 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOOR 6-16-19 86 Subject stabbed. CONTRIBUTING CAUSE OF DEATH ? P.M. 21e PLACE OF INJURY (ATHOME. 714 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN AT WORK AT WORK 6812 Central Ave., Capitol Heights, MD home Prince George's Autopsy X 220 I certify that I took charge of the remains described above, held an Inspection Hamicide X death resulted from: Natural causes Accident Undetermined manner Suicide TITLE (SPECIFY) ACTUAL 6-20-86 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 0 07/84 BY REGISTRAR 250. DATE REC'D. **DHMH - 17** (VR A15 ME (5))



STATE	OF	MARYLAND	
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	DECEASED NAME FIRST		MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEA	AR 2b. HOUR
L	Margare		B. Arms	strong	Ju	ne 29, 1986	
1	SEX	4. RACE		TE OF BIRTH	6 AGE (IN YEARS LAST BE		YEAR IF UNDER 24 HRS
4	Female	White	1	tember 1, 188	9 96	YRS.	
P	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	RRIED TO NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEAT	н
Y	New Jersey	U.S	.A. WIDO	OWED DIVORCED [☐ Prince G		MD.
4	D. CITY OR TOWN OF DEATH		HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	170. USUAL OCCUPAT		ND OF BUSINESS OR
	Riverdale	Leland	Memorial Ho	ospital	Homemake:		ome
41	JSUAL RESIDENCE (IF NURSING HOME OR 30. STATE 13b. COUN Maryland P.G.	ITY	130. CITY OR TOWN Hyattsville	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 4112 Gall	atin St. /	20781
7	FATHER'S NAME FIRST Maxmillian	MIDDLE	Von Beidel	15. MOTHER'S MAIDEN I	MIDDLE	Morg	LAST Z an
1	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURITY N		ADDR		llatin St.
1	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	137-54-2689	George R. A	rmstrong (Son	n) Hyattsvi	ille. Md.
	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE IMMEDIA)	ly one cause per D BY: E CAUSE (0)	line for (a), (b), and (ch) Congestive l	neart failure		BETY	PROXIMATE INTERVAL WEEN ONSET AND DEATH WO days
	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse last. PART 2 OTHER SIGNIFICANT ((b)	r as a consequence o	rotic cardiova ^{DF}			nknown
4	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH OPERA	ATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FII IN CERTIFYING CALL YES	
		TH HOUR A.	M. MONTH DAY YE	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PAR	Т 2)
	OR CONTRIBUTING CAUSE OF DEA	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET	CITY OR TO	OWN COUNT	Y STATE
	27a.1 certify that (1) (this haspi saw the deceased alive an abave, (1) (we) edd) (did no 27b. SIGNATURE	tal) attended th June 29 1) view the bady	e deceased from Sej), 19 86 after death.	_, and that in (my) (our) opinion	on death occurred on the c	date and hour and from 22c. D	
	22d PHYSICIAN'S NAME (TYPE O			22e ADDRESS	bury Road, R		
2	30 BURIAL, CREMATION, REMOVAL	23b. DATE		OF CEMETERY OR CREMATOR	Y 236 LOCATION	COLUMN	STATE
	Cremation	June/2	9/86 Chamb	ers Crematory	Riverdal	e, P.G. Co.	, Maryland
	funeral director Chambers Funeral		Charles and		ATE REC'D. BY REGISTRAF		NATURE

DHMH - 16 50M 4/82 (VRA 15, 4)

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***		EASED NAME FIRST	WIGGE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
y be oge 3 death		ALBERTO	(N.M.I.)	ATWEL		6/20/86		9:50 pm
m Her	3. SEX		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
ge 4		MALE	Caucasian	1	722/97 YEAR	89 _{YR}	S	MIN.
Perol dir	C	RTHPLACE (STATE OR FOREIGN OUNTRY) uisiana	76 CITIZEN OF WHAT COUL	MARRI WIDOW	ED XX NEVER MARRIED DIVORCED	Prince George	TY OF DEATH	440
s offer do y the fur hilled within	10 CT	verdale	11. NAME OF HOSPITAL, NO SERVICE OF HOSPITAL, NO SERVICE OF THE CHARLES OF THE CONTROL OF THE CO	URSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION (Type of work for most of working Painter	126. KIND C INDUSTRY Paint	of BUSINESS OR ing Co.
filled in t	13a. S	RESIDENCE (IF NURSING HOME OR TATE 136 COUN P.G.	ITY I3c CITY OF		13d INSIDE CITY LIMITS? YES A NO	13e.STREET ADDRESS / ZIP CO 4305 57th Ave		20710
umpletely ond 2 sh		THER'S NAME FIRST known	MIDOLE LA	51	Unknown		ĻAS	ST .
d ce		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	L SECURITY NO.	17 INFORMANT	ADDRESS	1	
Poge medi	NO			5-6683	Mrs. Iris At	wella, Same as	Line #13	
death certificate The ding physicis garban paper from a remaval. natic event, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT Conditions, if ony, which gove rise to immediate	y one couse per line for (a), DBY E CAUSE (a) HOLD DUE TO, OR AS A CON (b) UCLO	SEQUENCE OF	sepsis	disease		m lh 3
W.		couse 101, stating the underlying cause lost	DUE TO, OR AS A CON	lare	CACCINO TNOT RELATED TO THE TERN	MINAL DISEASE OR CONDITION	GIVEN IN PART I	years.
he law regularion on the been set to permit. The tene prior to less any injury	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION	DN WAS PERFORMED		YES, WERE FINDING CAUSES	
is physical physical physical physical certificate rial-transition physical		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	H DAY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2)	900
attendir fier this os the bu h and M irked or	MEDICAL	21d. INJURY OCCURRED WHILE ON WHILE OF WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDIN aspital or ECTOR: At d for use of f. of Healt m 21 is mo		220.1 certify that (1) (this hospit saw the deceased alive on above (1) (we find) and not		06	and that in (my) (our) opinion	to 6-20 death occurred on the date and I	nour and from the	
it Al OR how you the how you the how you had been checked that the house of the hou		274 PHYSICIAN'S NAME TYPE OF	Thay	for		MEDICAL STAFF DIRECTOR PHYSICIAN	6-2	1-86
TO HOSPITAL TO FUNERAL should be deto with the State		A. Schigany, M	.D.			g, Maryland 2071	.0	
BP	Bu	urial, cremation, removal specify) irial	23b. DATE 6-24-86	Ft. Li	cemetery or crematory ncoln Cemetery		.G., Mar	yland
DHMH - 16 60M 7/84 (VRA 15, 4)		ANCIS GASCH'S S 739 Baltimore A	AUL	JK (3 2)	21.	TE REC'D. BY REGISTRAR 256, REG	ISTRAR'S SIGNAT	URE

STATE OF MARYLAND

- STATE

1: 5EX

DECEASED NAME

IN CITY OR TOWN OF DEATH

USED AS A B E 3 SHOULD BE USED A DEPARTMENT OF HE

	STA	TE	OF /	MARYL	AND	
DEPARTMENT	OF	HE	ALTH	HAND	MENT	Al

HYGIENE

MEDICAL	EXAMINER'S CERTIFI	CATE OF DEA	H 6 REG. N	3 / 3	U	9
WIDDLE	LAST		20. DATE KNOWN C		YEAR	2b. HOUR
R.	Bachmai	n	DEATH MATED X	X 6-18	19 86	M
TE OF BIRTH	6 AGE (IN YEARS IF UNDER 1 YR.	IF UNDER 24 HRS.	2c. DATE	MONTH DAY	YEAR	2d HOUR
C. 27, 1922	63 YRS.	HOURS MIN,	PRONOUNCED DEAD	6-18	19 86	7:40 a. M

Female Do White To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? FOREIGN COUNTRY) Pennsylvania USA

MARRIED NEVER MARRIED WIDOWED . DIVORCED

Prince George's County,

BALTIMORE CITY OR COUNTY OF DEATH

Justice Dept.

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Hyattsville 6834 Riggs Road

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)

Eleanor

RACE

Hyattsville

McLane

11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 15 MOTHER'S MAIDEN NAME

And Strangulation

Anna

6834 Rigas Road

Legal Secretary

20783

Patrick 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES)

16b. SOCIAL SECURITY NO 169-18-8498

Smothering

19h CONDITION FOR WHICH OPERATION WAS PERFORMED?

7. INFORMANT

Son Patrick M. Bachman ADDRES \$ 505 Hathaway Dr. Austin. Texas 78758

Kabesky

Conditions, if any, which gave rise to immediate couse (o) stoting the under-

PART I DEATH WAS CAUSED BY:

DUE TO OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)

19a. DATE OF OPERATION 210. EXTERNAL CAUSE WAS

116. TIME OF INJURY (est.)
HOUR A.M. MONTH DAY YEAR ? P.M. 19 86 6-18 CONTRIBUTING CAUSE OF DEATH

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

YES X NO [

2D AUTOPSY?

subject was smothered and strangled

21d INJURY OCCURRED WHILE AT WORK TX

UNDERLYING NOR

Notural couses

21e PLACE OF INJURY STREET, FACTORY FARM ETC. home

21f. LOCATION

6834 Riggs Rd., Hyattsville, Prince George's

220 I certify that I took charge of the remains described above, held an death resulted from:

Autopsy XX Suicide

Inspection Hamicide XX

TITLE (SPECIFY)

Undetermined manner

Assistant MEDICAL EXAMINER

6 - 18 - 86

EXAMINER'S NAME (TYPE OR PRINT)

ACTUAL

Burial

SIGNATURE

Margarita A. Korell, M.D.

ADDRESS.

111 Penn St., Balto., Md.

21201

230. BURIAL, CREMATION, REMOVAL 236. DATE

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION Tuno 24 1986 St. Catherine's Cemetery Moscow

DHMH - 17 (VR A15 ME (5))

PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE (BRATTMORE, MARYLAND, 21201

24. FUNERAL DIRECTOR Francis J. Collins, Jr. 500 University Blud., W. Silver Spring, Md. Lackawanna Penn. 256- REGISTRARIS SAGNATURE

1000

7.01.2-3.1 (%) 1

8	6	1	7	9	0
	REG. NO.				

	1-	STATE REGISTRAR	DEPART	CERTIFICATE OF		8 6 REG. NO.	17909
		CEASED NAME FIRST ROPERTY ROPE	MIDDLE F.	BACO		DATE OF DEATH MONTH	24 86 3: 18 AM
	3 SEX	Male	White	5. DATE OF BIRTH Feb. 28,	1950	GE (IN YEARS LAST BIRTHDAY) 36	
S	Î	RTHPLACE (STATE OR FOREIGN Maryland	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED LA NEVER	MARRIED		FORES CO MO.
1	(TY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING STREET	AND HOS	3.000	USUAL OCCUPATION Vasok Desitrorking Ewspaper Pri	The state of the s
1	13a. S Mc	TATE PG	dottage	City YES IS MOTHER	'S MAIDEN NAME	STREET ADDRESS / ZIP CO	venue /dd
2	F	ranklyn (Bacon	Rut	h	E .	Stickell
	16a W	VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECTION (F WAR OR DATES) 212 52			acon(Wife)S	ame as 13E
	N.	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	r Meining	itis well	L DISEASE OR CONDITION	GIVEN IN PART 1101
,	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATION WAS PERFO			YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
/	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	3111	DAY YEAR		(ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
Ì	MED	21d INJURY OCCURRED WHILE ON NOT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,			CITY OR TOWN	COUNTY STATE
		saw the deceased alive an	tal) attended the deceased fram.	86, and that in (my	ATTENDING A M	AEDICAL STAFF	hour and from the causes stated 22c. DATE SIGNED 6 124 186
		22N PHYSICIAN'S NAME (TYPEO)	AMSHIDI, MD.	22e. ADDRE	SS	irector physician	0.0 20012
		Burial, cremation, removal		NAME OF CEMETERY OR EOrge Wash		Adelohi	PGTY Md. STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

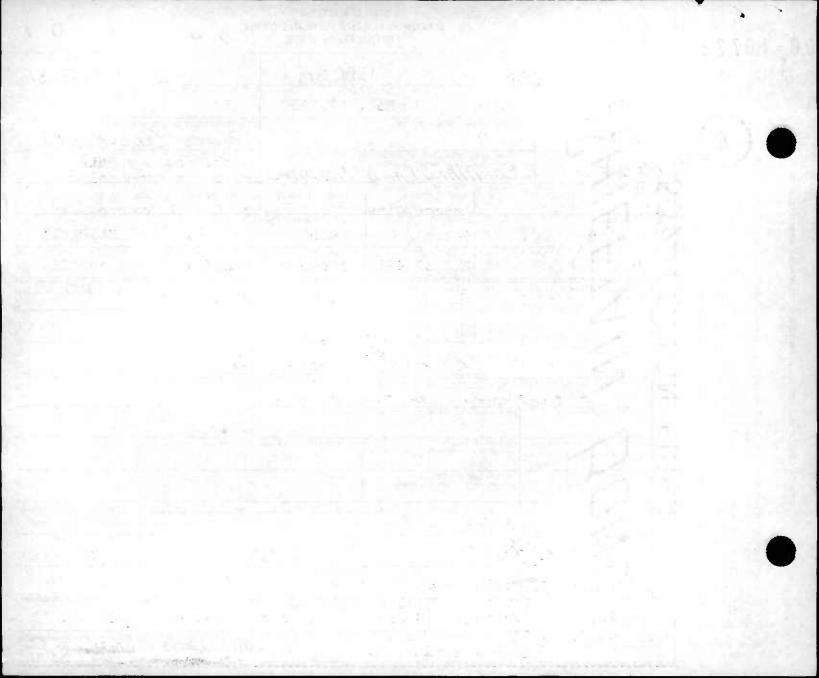
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other Traumatic event, the

Hines/Rinaldi

11800 New Hamp. Ave. Silver Spring, Md.

250. DATE RECID BY REGISTRAPES REGISTRAR'S SIGNATURE



500	FOR STATE REGISTRAR			DEPARTA		ICATE OF I	MENTAL HYG DEATH	IENE 8	Č REG. NO.	1 /	9	1 2
	DECEASED NAM	Phyll		M. A	Bax	AST Q			-24-86	DAY		7:30A
1	Female		White		5. DATE C		217°	6 AGE (IN)	(EARS LAST BIRTHDAY)	MONTHS		FUNDER 74 HRS
69	BIRTHPLACE (US	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER	MARRIED		CE GEORG			MD
1.300	city or town			OSPITAL, NURSIN					OCCUPATION K FOR MOST OF WORK CLATY		kind of E dustry privat	business or te
	Md RESIDENCE	13b COUN' Prince		13c CITY OR TOW	K	13d. INSIDE C	NO [8785	PPRESS (a ^{zir} l	SME L	aurel	20707
126	FATHER'S NAME NAME OF THE PARTY		SO	chermerho	rn	Jena	S MAIDEN NA.	ME	MIDDLE		Loyd	
D / 166	WAS DECEASE	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)	579-34-C	750	it inform. George	D. Bak	er, Jr	. Laure I	eresa	Zo767	7
peace comments or removal.	Conditions, gave rise course (o), underlying	F DEATH (Enter only EATH WAS CAUSED IMMEDIATE if ony, which to immediate stating the	DUE TO, OR (b) DUE TO, OR (c)	R AS A CONSEQUE	INCE OF		2 CON THE TERM			con	ر	ATÉ INTÉRVAL SÉLAND DEATH
	1% DATE OF	OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTO	OPSY? 20b.		RE FINDING CAUSES O	
Section Physics	OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEAT	HOUR A.A	M. MONTH DA	AY YEAR				ATURE OF INJURY IN ITE			
orked on he	214. INJURY	NOT WHILE	21e PLACE C	OF INJURY EET FACTORY OFFICE R	ARM. ETC. I	ZH LOCATH	ON T		CITY OR TOWN	0	OUNIY	STATE
faruse of Heal	saw the	that (I) (this hospite	YLMO	24 19	868	nd that in (my) (our) opinion	deoth occurre	ed on the date on			ot (I) (we) fost juses stated
2 2 2	I THE EXPLANAT	No. of Contract of				DEMORE					in a street	CHIED

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DR should be detect with the State De MPORTANT. IF IN

24 FUNERAL DIRECTOR Donald V. Borgwardt

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

4400 Powder Mill Rd. Beltsville Md 20705

236 DATE 6/26/86

1234 LOCATION Cheltentiam PrinceGeorge Md State

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S, SIGNATURE
JUN 26 1986

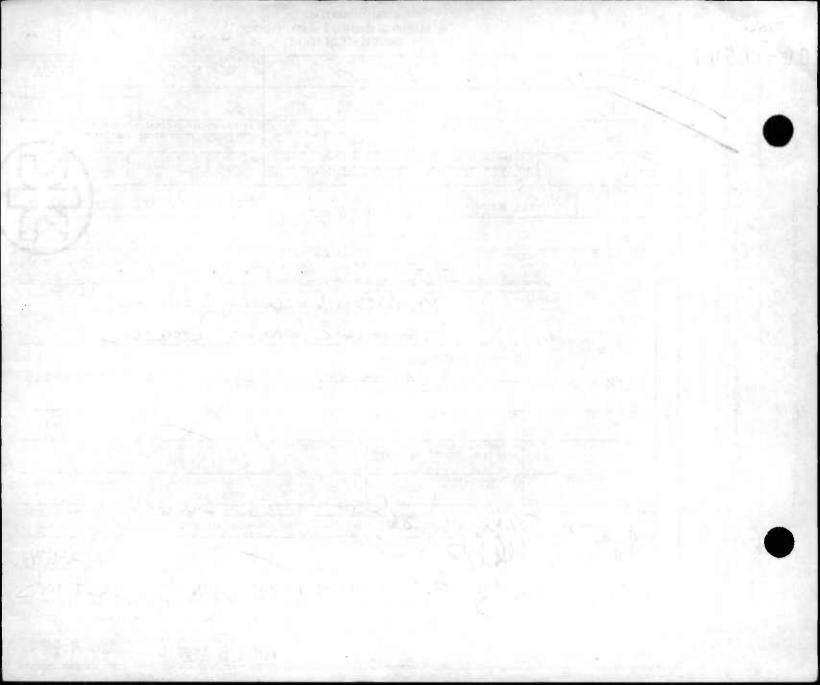
MEDICAL STAFF

ATTENDING PHYSICIAN

22e ADDRESS

231 NAME OF CEMETERY OR CREMATORY
Md Veterans Cemetery

1925 Greenwa



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	Α	0
8	h	- 1
0	REG. NO.	9
	REG. NO.	

1	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	S O REG. NO	1 / 7	1 0
	PECEASED NAME FIRST	MIDDLE	·	AST	20. DATE OF DEATH ~	AONTH DAY YEAR	2b. HOUR
	E11:	a M.		Ball		12, 1986	11:45A
3. S	EX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	HOURS MIN.
7	Female	White	Marc	h 5, 1908 FAR	78	YRS.	
2016	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	/? 8: MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
2	Maryland	U.S.A.	WIDOWE		Prince Geor	rges County	MI
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	12a. USUAL OCCUPATIO	WORKING LIFE) INDUSTRY	OF BUSINESS OF
1	Laurel	Greater Laurel		ille Hospital		Homemaker	
05 130	UAL RESIDENCE (IF NURSING HOME C . STATE 136. COL Maryland	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO INTY 13c. CITY OR TO Baltim	WN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 4320 Clare	ZIP CODE eway 21213	
-14	FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME		
W	unknown	Hildebra	ndt	Mary	WIDDLE	Scroe	IST Z es
O life	WAS DECEASED EVER IN U.S. A		CURITY NO.	17. INFORMANT	7404DDP	Stomac Ct.	,,,
11	NO OR UNKNOWN) (IF YES, G	215-01-	9288	William R. B		rollton, MI	20784
7	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	DUENCE OF			ITION GIVEN IN PART I	(a)
1000	ateux ner	the Carris Van			20a AUTOPSY?	20h, JF YES, WERE FIND!	NICELIEED
diright diright	SA6-7-86	Fraction			YES NO B	HIN CERTIFYING CAUSE:	
7 8 8	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D AIF EITHER, NOTIFY MEDICAL EXAMIN	CAIH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	1
	16. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E. FARM, ETC)	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
1	220.1 certify that (1) (this has saw the deceased alive of	pital) affended the deceased from in 2 19.	36.01	nd that in (my) (aur) apinian	. 10		, that (II (we) las e causes stated E SIGNED
1	Holande	ORPRINT)	MD	ATTENDING	MEDICAL STAFF	- 6-	12-86
	Potando	, V. Goco,		9101 Che	rry Lone	, Lzurch,	20207
230	Burial, Cremation, Remova (SPECIFY) Burial	41		emetery or crematory	23d LOCATION CITY OF TOWN Baltimor	county	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR Leonard J. Ruck, Inc., Baltimore, Maryland

6/14/1986 Parkwood Cemetery Baltimore, Manyland
| 250. Date REC'D. By REGISTRAR' 250. REGISTRAR'S SIGNATURE

MANUFACTURE OF STREET

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Purint 117, 1931 Farwood Demonstr 911, 1931, 1939/1950

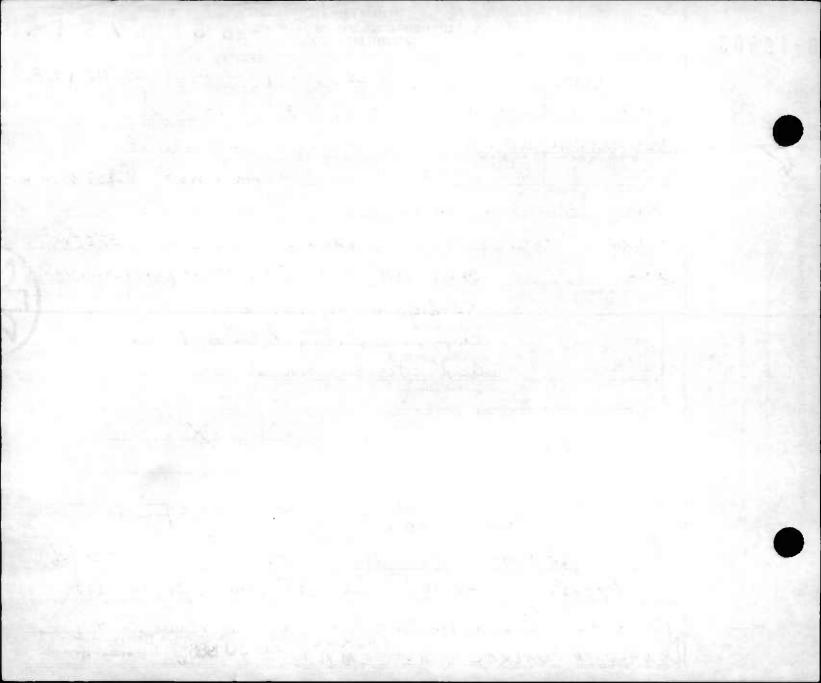
n n -	-09869	1-	FOR STATE REGISTRAR			OF MARYLAND ALTH AND MENTAL I R'S CERTIFICATE O	2 6	7911
0 0			CEASED NAME FIRST PE OR PRINT) Kenny		MIDDLE B	ALLENGEE, Sr.	20. DATE KNOWN	MONTH DAY YEAR 26 HOUR JUNE 16,1986
	NECESSARY, PLEASE UNREAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	3. SE		5 DATE OF BIRTH MONTH DAY 11 AUG 29,		IF UNDER 1 YR. IF UNDER		MONTH DAY YEAR 24 HOUR
	VECESSAR UNERAL FOR YOUNGHIN	PI FO	IRTHPLACE (STATE OR DREIGN COUNTRY) St Virginia	76 CITIZEN OF WHA	T COUNTRY? 8.	MARRIED NEVER MARR		
-	A STANDER		Bowie	Bowie He	TAL, NURSING HOME, C JTY, GIVE STREET ADDRESS) ealth Center	or other institution	120 USUAL OCCUPATION (TYPE OF MOST OF WORKING LIFE) Military	OF WORK 126 KIND OF BUSINESS OR INDUSTRY US Government
7		130. S Ma			RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN BOWIE	13d. INSIDE CITY LIMITS? YES NO	3812 Iron Gate	Lane 20715
t 1	ADX -H		ATHER'S NAME FIRST Cecil	MIDDLE	Ballengee	15. MOTHER'S MAID	EN NAME MIDDLE	Kincaid
!	URS AFTER DEA WITH FORM P TI. PAGES I A	160.	WAS DECEASED EVER IN U.S. ARM (ES, NO, OR UNKNOWN) (IF YES, GIVE W YES Retire	VAR OR DATES)	236-62-768		3812 I allengee Bowie,	rongate Lane MD 20715
10000	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR WRITING THE WORD." PENDING" IN PENCIL IN ITEM 18. ARDED TO THE CHIEF MEDICAL EXAMINER ALONG WIGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. IT DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DID IN PROPATION, OR REMOVAL.	No	Canditions, if ony, which gave rise to immediate couse (a) stating the <u>underlying cause last</u> . PART 2 OTHER SIGNIFICANT CONDITIONS C	(b) DUE TO, OR A	S A CONSEQUENCE OF THO TRELATED TO THE TERMINA	L DISEASE OR CONDITION GIVEN IN P.	ART 1 (g).	
	OF VITAL REC ATE SHOULD B E WORD "PEN THE CHIEF ME THE	CERTIFICATION	190. DATE OF OPERATION	196. CONDITIO	ON FOR WHICH OPERAT	ION WAS PERFORMED?		20 AUTOPSY?
	S CETIFICATE S RITING THE WC RDED TO THE EE 3 SHOULD BE EE 9 PROPEND BI	MEDICAL CER	216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D 216 INJURY OCCURRED	P.M.	MONTH DAY YEAR 19 INJURY (ATHOME.	ZII. LOCATION	ED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
	DIV E. THIS CI TE, WRITI RWARDE R. PAGE 3 STATE DIV.	W	WHILE AT WORK AT WORK	<u></u>		STREET	CITYORTOWN	COUNTY STATE
	TO MEDICAL EXAMINER: THIS CERTIFICENCY THE CERTIFICATE WRITING TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPAR BALTIMORE, MARYLAND, 21201 PROS		220. I certify that I took charge death resulted from: Nature ACTUAL SIGNATURE AUGUSTANIE AUGUSTANI	sto H	driguez, M. I	M.D. THE (SPECIFY)	MEDICAL EXAMINER Rayburn Ct , Tem	DATE June 17,198 SIGNED June MD
	7/84 BP		Burial, cremation, removal 23 Secury Burial Uneral director	JUI_20,198	6 Arlington	rery or crematory National Cem Road 250. Date	REC'D. BY REGISTRAR 256 REGIST	
	DHMH - 17 (VR A15 ME (5))	Be	eall Funeral Homo			1111	1 1 9 1986 Station De	widson-Handelse

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	3

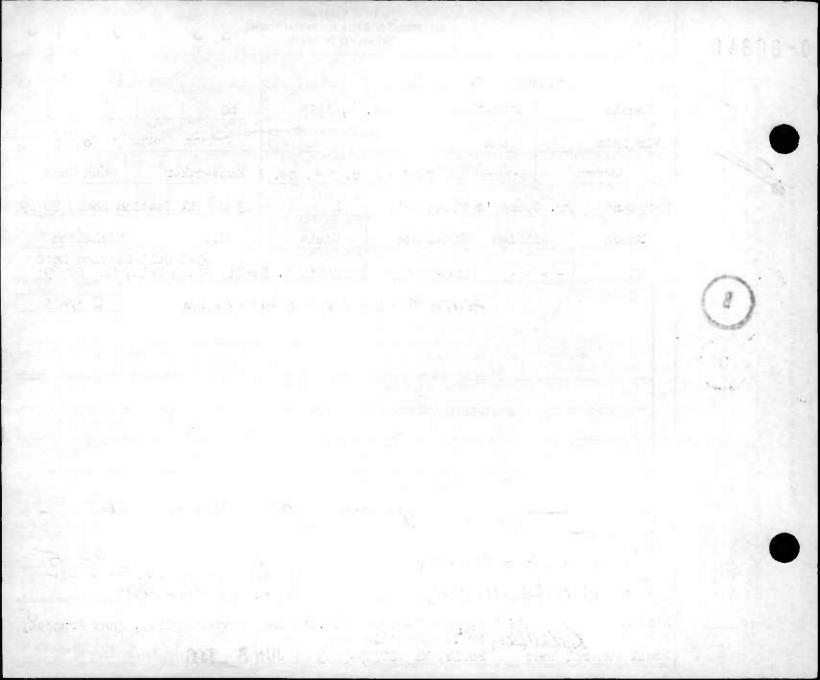
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SAME PARCE ILLIAN COUNTY				MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
BUILDING COUNTY OF DEATH SUBSTRIPTION STATE SUBSTRIPTION		TYPE		BAYLES	JUNE 29 1986 150PM
THE BRITHACE CHARGO FOR THE NOTIFY IN AMARED OF NOTIFY IN AMARED O	3.	SEX	30	The state of the s	
MARKED NOVER NABRED PRINCE GEORGES 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. USUAL OCCUPATION 12. USUAL			MALE	CAUCHSIAN 5 16 13	73 YRS.
IL CITY OR TOWN OF DEATH I. NAME OR HOSPITAL NURSING HOME OR OTHER INSTITUTION THE UNIVERSITY OF MODITION STREET ADDRESS OF MACHINIST THE UNIVERSITY OF MODITION STREET ADDRESS OF MACHINIST THE UNIVERSITY OF	E 59 70			76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	
Laurel Greater Laurel Nursing Home STATE	8/				
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15 FATHER'S NAME MODIE M	0	J5UA	L RESIDENCE LIF NURSING HOME OF	R OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	TWACK NIST WOST WOTO
THE NOTION OF STREET THE PROPERTY NO	aw.		MD. PRIN	ICE GEORGE LAUREL YES & NO []	323 MONTGOMERY ST
18. WAS DECEASED EVER IN U.S. ARKED FORCES? 18. SOCIAL SECURITY NO. 18. WAS DECEASED EVER IN U.S. ARKED FORCES? 18. SOCIAL SECURITY NO. 18. CAUSE OF DEATH Letter only one couse per line for io.), ib., and ic. 18. CAUSE OF DEATH Letter only one couse per line for io.), ib., and ic. 18. CAUSE OF DEATH Letter only one couse per line for io.), ib., and ic. 18. CAUSE OF DEATH Letter only one couse per line for io.), ib., and ic. 18. CAUSE OF DEATH Letter only one couse per line for io.), ib., and ic. 18. CAUSE OF DEATH Letter only one couse per line for io.), ib., and ic. 18. CAUSE OF DEATH Letter only one couse per line for io.), ib., and ic. 18. CAUSE OF DEATH Letter only one couse per line for io.), ib., and ic. 18. CAUSE OF DEATH Letter only one couse per line for io.), ib., and ic. 18. CAUSE OF DEATH Letter only one couse per line for io.), ib., and ic. 18. CAUSE OF DEATH Letter only one couse per line for io.), ib., and ic. 18. CAUSE OF DEATH Letter only one couse per line for io.), ib., and ic. 18. CAUSE OF DEATH Letter only one couse per line for io.), ib., and ic. 18. CAUSE OF DEATH Letter only one couse per line for io.), ib., and ic. 18. CAUSE OF DEATH Letter only one couse per line for io.), ib., and ic. 18. CAUSE OF DEATH Letter only one couse per line for io.), ib., and ic. 18. CAUSE OF DEATH Letter only one couse per line for io.), ib., and ic. 18. CAUSE OF DEATH Letter only one couse per line for io.), ib., and ic. 18. CAUSE OF DEATH Letter only one couse per line for io.), ib., and ic. 19. DUE TO, OR AS A CONSEQUENCE OF IO. 19. DUE TO, OR AS A CONSEQUENCE OF IO. 19. DUE TO, OR AS A CONSEQUENCE OF IO. 19. DUE TO, OR AS A CONSEQUENCE OF IO. 19. DUE TO, OR AS A CONSEQUENCE OF IO. 19. DUE TO, OR AS A CONSEQUENCE OF IO. 19. DUE TO, OR AS A CONSEQUENCE OF IO. 19. DUE TO, OR AS A CONSEQUENCE OF IO. 19. DUE TO, OR AS A CONSEQUENCE OF IO. 19. DUE TO, OR AS A CONSEQUENCE OF IO. 19. DUE TO, OR AS A CONSEQUENCE OF IO. 19. DUE TO, OR AS A CONSEQUENCE OF IO. 19. DUE TO, OR AS A CO	owino 14	I. FA		MIDDLE LAST FIRST	
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7/84 PUNERAL DIRECTOR NAME ADDRESS AUREC 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS ADDRESS		/		JULY 2,1986 FORT LINCOLN	BRENTWOOD MI)
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(VRA 15, 4)

11.	FOR - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 6 1	7915
	REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH DEATH	DAY YEAR 2b HOUR
HO	Fran	ces N. BEALI	t.	June 2	.1986 3:36AA
158		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	Caucasian	Dec. 4, 1925	60 yrs.	MONINS DAYS HOURS MIN.
	RTHPLACE (STALE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?		BALTIMORE CITY OR COUNTY	
10. C	ITY OR TOWN OF DEATH Lanham	Doctors Hospita	NG HOME OR OTHER INSTITUTION ADDRESS). 1 of Pr. Geo. Co.	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOME-maker	12b. KIND OF BUSINESS OR
13a. S	STATE 136 COU	or other institution, give residence before JNTY 13c. CITY OR TOW George's Glenn De	N 136 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 6340 Bell Stati	
14. FA	ATHER'S NAME FIRST Enoch W	illiam Nichols	on Viola	Mae Mae	Nicholson
	NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SECULIVE WAR OR DATES! 224-32-		6340 Beall Glenn Dale	Station Road , MD 20769
CERTIFICATION	gave rise ta immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT		ENCE OF DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	EN IN PART I I O , WERE FINDINGS USED YING CAUSES OF DEATH?
E					S NO
100	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH D.	AY YEAR	RRED (ENTER NATURE OF INJURY IN HEM IS P.	ART (OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
(saw the deceased alive a	noted) attended the deceased framing UNE 198	DEGREE ATTENDING	n death accurred an the date and haur	1960 , that (I) (>>) last and fram the causes stated
	PAMES A.	BROWN MIN	220 ADDRESS 148 ROC	KVILLE, MD 2085	
Bu	BURIAL, CREMATION, REMOVA (SPECIFY) LITERAL DIRECTOR	JUNE 5, 1986 Le	NAME OF CEMETERY OR CREMATORY akemont Mem. Garden	Davidsonville,	Anne Arundel,
	uneral director all Ho	ADDRESS	TO CALLED ENGINEER	ATE REC'D. BY REGISTRAR 250. REGISTI	RAR'S SIGNATURE



ATTENDING PHYSICIAN: The low requires that the death certificate be executed

retained by the hospital or ottending physicio

TO HOSPITAL OR

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marrector, page 3

	STATE OF MARY
OR	DED A DEMENT OF HEALTH AND

LAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. NO.	1	7	y	i	à
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1.	STATE REGISTRAR		DEPARTA		FICATE OF DE		0 0	G. NO.	1 3	1 1 5	
	CEASED NAME FIRST TOHN		K		AND	SR.	20 DATE OF DEA	TH MONTH	14/86	12 5 M	
3. SE	X	4. RACE		5. DATE (VE 4 D	6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS		
	Male	White		May 9 1897		89	YRS		MIN,		
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?		8. MARRIED NEVER MARRIED			9 BALTIMORE CITY OR COUNTY OF DEATH				
	aryland	U.S.A.		WIDOWED DIVORCED			Prince Georges MD.				
10. ⊂	Clinton	11. NAME OF SOUTH	HOSPITAL, NURSIN CHEACILITY GIVE STREET	ADDRESS)		TR	120 USUAL OCCI (TYPE OF WORK FOR A Machin	AOST OF WORKING L	IFE) INDUSTRY	Gov't.	
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	NTY	Temple H	N		o 🔲	13e STREET ADDR 2600 Kee	ess / ZIP coo	E. 20	748	
14. F/	ATHER'S NAME FIRST Wilbur	MIDDLE .	Beard		15. MOTHER'S M		MID			eavey	
	WAS DECEASED EVER IN U.S. ARMED FORCE: YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		166 SOCIAL SECURITY NO. 578-38-7238		John K		rd, Jr.	d, Jr. Oxon Hill, Md. 20745			
NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
CERTIFICATION	190. DATE OF OPERATION	OF OPERATION 196 CONDITION FOR WHICE			N WAS PERFORA	20a AUTOPSY	10PSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 17				
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A	DE INJURY .M. MONTH DA .M.	AY YEAR							
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET			CITY OR FOWN COUNTY STATE				
	22a. Leartify that (I) (this heapital) attended the deceased from 610 19 86, that (I) (ma) last saw the deceased alive an 614 19 86, and that in (my) (and point on the date and hour and from the causes stated above, (I) (ma) (did) (and not) view the body after death.										
	22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 6 114 186										
	P. WISOTSKY M.O. 220 ADDRESS 6188 Oxon Hill Rd., Oxon Hill, Md.										
	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE			er's Cen	eterv		Ferry			
	UNERALDIRECTOR P. Kalas F.H. 6	160 0xo	2239004			250 DAT	E REC'D. BY REGIS	TRAR 256. REGIS	TRAR'S SIGNA	TURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detoched for use as the buriol-tronsit permit. Then please remove carbon poper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal. IMPORTANT: If Item 21 is morked or Item 18 show, ony injury, or other troumatic event, the There are the less than the season

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME 1986 Charles H. June 23 Beighey 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYPAR 29 DAY YEAR 11 Male Cau. 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED Ohio USA Prince George DIVORCED WIDOWED I LANAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17g USUAL OCCUPATION B CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Southern Maryland Hospital Center Retired Clinton Amer. Oil Co. USWAL RESIDENCE (IF NUR 3a STATE 818 Carson Ave. 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? George Maryland Oxon Hill 20745 YES DO NO [IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME Dale Beighey Olie George Haggenmaker ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-07-4940 Mary E. Beighey same as item 13 18 CAUSE OF DEATH Enter only one cause per line lar (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cerebrovascular Accident Months IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Atherosclerosis Years Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To VITAL RECORDS. CATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN AT HOME STREET, FACTORY, OFFICE FARM, ETC.) AT WORK AT WORK 6/23/86 220.1 certify that (1) MXXXXXX attended the deceased from 1/18/86 6/12/86 saw the deceased alive an 6/12/86 abave, (I) (XXXXX) (did not) view the body after death. and that in (my) XX) apinian death accurred an the date and have and Iram the causes stated 22h SIGNATURE DEGREE 221 DATE SIGNED M. D. ATTENDING MEDICAL 6/23/86 PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT 22e. ADDRESS 22d, PHYSICIAN'S NAME (TYPE OR PRINT) 6188 Oxon Hill Rd. Oxon Hill, Md. 20745 Philip Wisotsky, M.D.

DHMH - 16 60M 7/84

(VRA 15, 4)

24. FUNERAL DIRECTOR G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill. Md.

6/26/86

230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

23c NAME OF CEMETERY OR CREMATORY Wash. National Cemetery

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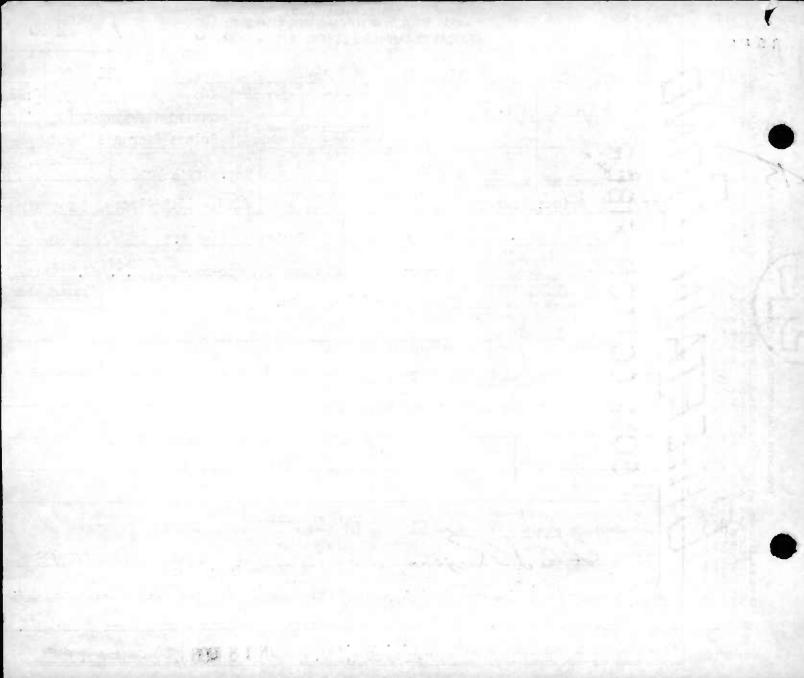
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pe	35 0		DR PRINT)	PAUL	INE	I	. /.	BELLAVI		DATEOFD	LAIII "	-	27-		8.	49
ge 4 moy	0	3. SEX	male		4. RACE Caucas	ian		of Birth Taber 14,		AGE (IN YEAR	RS LAST BIRTH	YRS.	IF UNDER	DATS	HOURS	24 HRS MIN.
oth. Pag	The same	,,,	RTHPLACE (STATE OR COUNTRY)		76. CITIZEN OF	WHAT COUN	TRY? 8. MARRI	DIVORC	IED 📙	BALTIMORE					(O MD.
ofter de	od with		TY OR TOWN OF DEA	ATH	11. NAME OF		JRSING HOME STREET ADDRESS)	HOSP 1	ION 12	usuat od	CUPATIO OR MOST OF	N WORKING LIF	12hr		BUSINE	
4D 2120		13a. S					BEFORE ADMISSION	13d. INSIDE CITY LIV	IMITS?	e.STREET AD	DRESS /	ZIP CODE	TILE	2074		
MARYLAI ed within		14. FA	THER'S NAME FIRST		MIDDLE	LAS		Jonnie			M.	WWA.		LAST		
BALTIMORE, A	S. Pages	16a V	VAS DECEASED EVER		E WAR OR DATES)	18 SOCIAL	SECURITY NO.	17 INFORMANT Ignatius	N. Be		ADDRES		z 13			
W. PRESTON ST., or the death certific	n signed by the ottending physi Then please remove carbonopop to burial, cremotian, or remova injury, or other troumatic event,	NO	Conditions, if ony gove rise to imm couse (o), stotic underlying couse	/AS CAUSEI IMMEDIAT , which mediate ng the lost	D 8Y; E CAUSE (o) DUE TO, ((b) DUE TO, ((c)	A cuty COMPUI DIABE	baets EQUENCE OF PITY AC EQUENCE OF TO PAT	purced St jewt.	Aph. A	Auren	5 IN	A		12	der	
AL RECOI	nsit permit rgiene prior shaws any	CERTIFICATION	190 DATE OF OPERA	TION	19b. CON	DITION FOR W	HICH OPERATION	ON WAS PERFORMED	D	200 AUTOP	VO 🗆	20b. IF YES IN CERTIF YE				H?
DIVISION OF VITAL RECORDS, 201 RATTENDING PHYSICIAN: The low requires the hospital or ottending physician.	RECIOR: After this certificate red for use of the buriol-transipp. of Health and Mental Hygiem 21 is marked or Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUR WHILE NOTIFY AT WORK NOTIFY 22a. I certify that (I) sow the deceosobove, (I) (we) (22b. SIGN ATURE	CAUSE OF DEA	HOUR A The PLACE (AT HOME, S Tall) offended to June 24	OF INJURY A.M. MONTH P.M. E OF INJURY IREET, FACTORY, OF the deceased from y ofter death.	19 FFICE, FARM, ETC.)	211 LOCATION 211 LOCATION STREET 19 nd that in (my) (our) DEGREE	84.	10 Ju	CITY OR TOW	VN 2.6	cou	NTY	hot (I) (v	
TO HOSPITAL OF	should be detach with the State De IMPORTANT: If It	220 (22d. PHYSICIAN'S N	m	PRINTS A U 1236. DATE	rou	122 NAME OF	22e ADDRESS 89 Clinto	on, Mai	odyard	207	# 50	3	0 3	2.71	56
BP_		Bu	rial		07/02		Maryla	nd Veteran	s Cem.	Che'l	tenha					S M
DHMH (V	- 16 60M 7/84 RA 15, 4) 663		old Alexan					20735	JUL	2 - 1	986	fulia &				iko

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DHOUNG WILLIAM.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	1	7	
0	REG. NO.		/	

	1 -	STATE REGISTRAR			ou Allin	CERTIF	ICATE OF DEATH	8 REGINO	. 1	1) 2	
		OR PRINT)	FIRST	N	NIDDLE		AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR 10	_
	(1176	Joh	N	H		DE	FRGER		0-25	5=1986	6AN	٨
	3. SE)			4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		F UNDER I YEAR	IF UNDER 24 HRS	
	1	MALE		WHITE		JUN	E 19,1903	83	YRS	ONIHS DATS	HOURS MIN.	
9		RTHPLACE STATE OR FO	OREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY O	COUNTY	OF DEATH		
1		ASHINGTON, I	D.C.	U.S.A.		WIDOWE		PRINCE	GEORG	SES	MD).
4	10 C1	TY OR TOWN OF DEA	ТН		OSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION			F BUSINESS OR	
2	Al	DELPHI					S NURSING HOM			RESTA	URANT	
5	13a. S	AL RESIDENCE IF NURSIF TATE MARYLAND	136 COUN		13c CITY OR TOW	N	13d. INSIDE CITY LIMITS? YES NO	13e.SIREET ADDRESS / 8109 TAHC	ZIP CODE NA DR	IVE	20903	
٨	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	1110010		LASI		
1		HERMAN		H	BERGER		WILHELMIN	A	GF	RAFF		
		AS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS			-
	{ Y	NO NO OK UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	577-20-4	766	DOROTHY BOVE	LLO, DAUGHTE	R, SAME	E AS IT	EM #13	
	A	Conditions, if any, gove rise to imm cause (a), stating underlying cause	which dedicate the last.	D BY: E CAUSE (a) DUE TO, OP (b) DUE TO, OR (c)	AS A CONSEQUE	MCE OF	l faile attendente renpheral	parculon	lifax.	Jevera 13 y	ears	-
	NO	PART 2 OTHER SIGN	IFICANI C	Mals	un fri	LOZ	NOT RELATED TO THE TERMI	nal disease or cone	ITION GIVE	N IN PART 1:0		
7	CERTIFICATION	190 DATE OF OPERAT	ION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDIN		-
-	MEDICAL CER	?10. ACCIDENT WAS UNDO OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC	AUSE OF DEA	311	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT (OR PART 2)		
	MEDI	21d INJURY OCCURR	LE C	21e. PLACE C	OF INJURY BET, FACTORY, OFFICE, FA	ARM ETC)	21f LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE	
		22a. I certify that (I) (saw the decease abave, (I)	d alive an	_6/17	19		id that in (my) four) opinion d	eath accurred on the do	te and haur	and fram the		
1		226. SIGNATURE		Turj	Mis			MEDICAL STAF	F IAN 🗌	6/2	5/86	
/		EINO	ME ITYPE O	FOR I			12520 Proper	ity D., Si	lv. Sp.	Med	20904	

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached to with the State Dept. of IMPORTANT. If Hem

23a BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

FOR

236. DATE 6/27/86

231. NAME OF CEMETERY OR CREMATORY FORT LINCOLN CEMETERY

13d LOCATION BRENTWOOD

PG

MD.

1804 T ST., N.W., WASHINGTON, D.C. 20009 JUN 27 1986 June Sandon Maridon

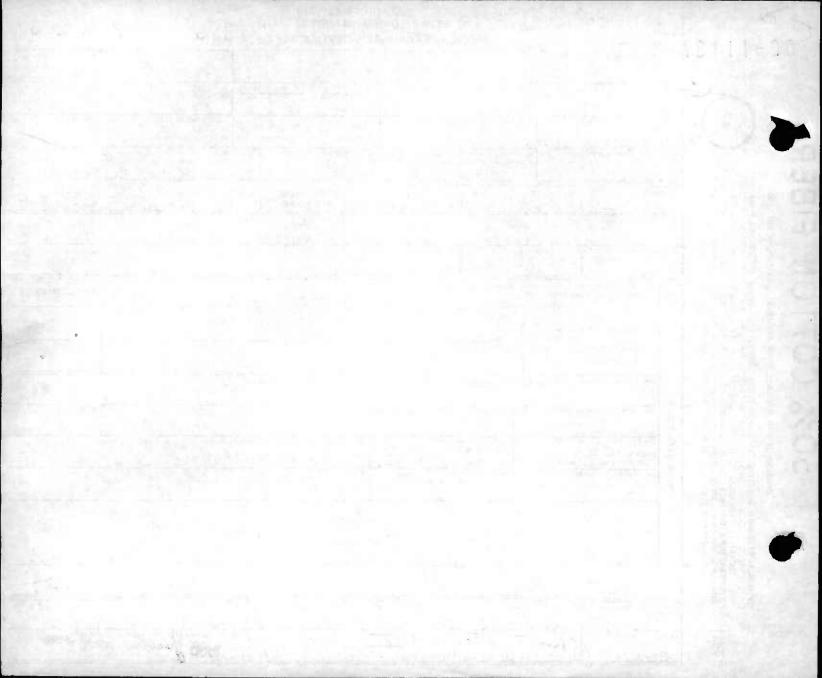
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Ų	U	1110	1	DECEASED		FIRST		,	MIDDLE			LAST			OF DATE	KNOWN ESTI	XX MO	I HING	DAY YE	AR 26 HOUR
		MS SSE	4	-		eonar			K.			Las				MATED		6-1		
		HOLDE C	9	SEX	4. RACE	5	DATE OF	BIRTH		AGE (IN YEAR			HOURS :		RONOU	NCED	MON			2d HOUR 8:51
	_	15365	-	Male	and the second second second second				, 1963	22s					DEA			6-1		
M	K	1000年2	11	POSIGH CO		/	b. CITIZEN	OF WHA	TCOUNTRY	? 8	MARRIE	D NEV	ER MARRIE	ED X	9. BALTIA	ORE CIT	Y OR CC	UNTY	OF DEATH	
			31		ingto		•	USA	T		WIDOWI		DIVORCE						Count	BUSINESS
		SEAR S	1	D. CITT OK I	- OWN OF DEAT	H I	(IF NOT IN	SUCH FACIL	TAL, NURSIN	ADDRESS)			ION	FOR N	OST OF WO				OR INDI	JSTRY
		HO-HA	4	River	dale	ING HOME OR			Memor			ital		Pro	fes	sion	al	Bds	ketb	all
	1201	H. F ANY DI 1. 2, AND 3.1 7. 3, RETAIN 2. 5HOULD 1. AL RECORD		Bo. STATE		3b. COUNTY			13c. CITY OR	TOWN		13d. INSIDE CIT			ET ADDR				20	184
	2.2	F 5 8 7 7	4	Mary FATHER'S	land	P.G	-		Land	over		YES X	R'S MAIDE		25_	Colu	mbi	a	Aver	ue
	8	H-897		FIRST	IAWME		MIDDLE		LAST			FI	RST			AIDDLE			LAST	4.4
	OR	SW POSES	24		EASED EVER II		tanl		16b, SOCIAL	Bias	S	LO 17 INFORM	uise		Ъ	atri			Sco	JJ
	BALTIMORE	URS AFTER DEATH 8. GIVE PAGES WITH FORM PM IT. PAGES' AND DIVISION OF VIEW		(YES, NO, OR	UNKNOWN)	(IF YES, GIVE WA														
		PA GIVE	-	no	USE OF DEATH	1/5.4.		11 (90 6	4921	Mrs.	Lou	ise	Bia	s-mo	the.	r-1	925	Col umb
	ST.	A 18. G WII. P. L. DI. R. DI. P. DI.			TI DEATH WA	S CAUSED E	BY:		(a), (b), an	A1W -	0.	Tota	11 100	+ , ,		Av	enu	e,I	andc	WOY DE MC
	PRESTON ST.,	D WITHIN 24 HOU PENCIL IN ITEM 18 AMINER ALONG V - TRANSIT PERMIT ENTAL HYGIENE, I OR REMOVAL.	2	- 77	47	IMMEDIATE		-	S A CONSEC	_		1010	KICK	010						
	REST	NSIT A A		Co	nditions, if or	y, which	1 202	, 0, 0, 1	5 / (0) (320	AOLIVEE OI										
	× .	AND			ve rise to i		(b)		S A CONSEC	DIJENCE OF										
	100	DTED WITHIN PENCIL EXAMINER STALL - TRANS			ng cause last.		1	, O. A.	5 A CONSEC	POLITICE OF										
	08,2	GC AL E		PART 2 C	THER SIGNIFICANT	CONDITIONS CO	NTRIBUTING 10	O DEATH BU	NOT RELATED 1	TO THE TERMIN	AL DISEASE	OR CONDITION	GIVEN IN PAR	PT 1 (a)						
	ON	D BE EXE ENDING MEDICAL AS A BU EALTH AN				-				TO THE TERMINA	AL DIVERVE	on companion	OTTEN IN THE							
	DIVISION OF VITAL RECORDS, 201	E SHOULD BE EXECUTED W WORD "PENDING" IN PENV BE CHIEF MEDICAL EXAMIN BE CHIEF A BURIAL - TR BUT OF HEALTH AND MENIT BURIAL, CREMATION, OR	7	ZIa EX	TE OF OPERAT	ION	19b. C	ONDITIO	ON FOR WH	ICH OPERA	TION W	AS PERFOR	MED?					T	20. AUTOR	SY?
	IA	WORD "F WORD "F TE CHIEF OBE USED ENT OF HI	/1	F															YES 1	NO 🗆
	JF V	THE OFFENDENT TO BE	6	210 EX	TERNAL CAUS			IME OF I		VE AB	21c HO	W INJURY	OÇCURRE	D LENTERN	ATURE OF IN	JURY IN, ITEM	18 PART 1	OR PART 2		
	N	SET OUT A	51		LYING DO	R AUSE OF DE		P.M.	MONTH DA	9 1986	5 W	hier	t a	seal	(1)	car	no			
	/ISIG	ERTING FD T SSH PR		21d. IN.	URY OCCURR	D	21e P	LACE OF	INJURY (A	AT HOME.	21f. LOC	ATION								
	ā	WRIT WARDING COE		X WHILE	RK NOT V	VHILE DE	ZIKI	REI, FACTOR	RY, FARM, ETC.)		51	INEE!			CITY OR TO)WN		COUNT	Υ	STATE
		AL EXAMINER: THIS CERTIFICATE SHE CERTIFICATE WRITING THE WOOULD BE FORWARDED TO THE WAT DIRECTOR: PAGE 3 SHOULD BITH, WITH THE STATE DEPARTMENT; MARYLAND, 21201 PRIOR TO BITHS.			I certify that f	1.000	of the come	day days	had about 1	hald on	Autops	, [X]	Inspection		Inquiry		and in r	7.00		
		ANDREAM			resulted from	Natural		1/	A. F	1	Autops	Homic			rmined m	T.	dna in r	ny opini	on	
		REC BE		deam	resuma	Fa		4	7	16	24.	TITLE (SI	-	Undere	rminea m	onner <u>k</u>	71.			
		W S S S S S S S S S S S S S S S S S S S		ACTUA		4111	4	10	men	11/1	Mu		istan	+	CALENA	LINED		ATE	6-19	- 86
		SEAT STATE	n	SIGNA	TORE		V	0	//		Me	0. 1100	LD CAIT	CMEDI	CALEXA	MINEK	5	IGNED	-	
		CUT WED	1	EXAMI (TYPE C	NER'S NAME	Der	nnis E	. Sn	myth, I	M.D.		ADDRESS	111 Pe	enn S	St.,	Balto	o.,	Md.	212	01
		TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FO TO FUNERAL DIRECTO PAFFER DEATH, WITH THE BAJTIMORE, MARYLAN		3a BURIAL C	REMATION, RE	MOVAL 23b	DATE		23c. NAM	AE OF CEME		RCREMATO	ORY	23d. LO	CATION			COUNTY		STATE
	07/84	BP 200	1	(SPECIFY) Bur	ial		June	,23	1986	Line	nlor	Mem	oria			rv	Cui.		nd	Md
	25M	DHMH - 17		4 FUNERAL		ok		Ste		6111	-	71.110	Se. DATE R	REC'D. BY	REGISTRA	AR 25h RE	GISTRA	R'S SIGI	NAHURE	M
		(VR A15 ME (5))		Stew	art A	inera		me-4		Benni	na	Road	ch la	F2=	S	give.	a Dav	A COLORAGO	- 28.0	À



	FOR
-	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	1	9	2	de
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		REGISTRAR							REG. NO.		THE RESERVE
		OR PRINT)	FIRST		MIDDLE	Ĺ	A51		F DE ATH MONTH	DAY YEAR	26 HOUR
	() THE	OR PRIN()	Mary		Honore	Bic	ldison	June	27, 1986		10:47A _M
	1.56	1		4 RACE		5. DATE C		6 AGE (IN	YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
7	1	Female		cauca	sian	May	7 2° 192° 1°	65	YRS		HOURS MIN.
75		RTHPLACE (STATE OF	FOREIGN		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	多 BALTIM	ORE CITY OR COUN	TY OF DEATH	
2	16	Ito.Md.		US		WIDOWE	D DIVORCED		e Georges		MD.
11)	MILCI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSING FACILITY, GIVE STREET		R OTHER INSTITUTION		OCCUPATION RK FOR MOST OF WORKING		F BUSINESS OR
7		Laurel					ville Hospit	al Reti	red		.Gov't
21	WSU.	AL RESIDENCE (IF NUE	HIS COUL	ROTHER INSTITUTION NTY	134 CITY OR TOW		134 INSIDE CITY LIMITS		ADDRESS / ZIP CO	IUE .	0707
5	1	Md.		A.A	Laurel		YES NO X		Ft.Mead	leRd. #	605
17	15.31	THER'S NAME		WIDDLE	LAST.		15 MOTHER'S MAIDEN		MIDDLE	LAS	1
4	V	John		V.	Bidd		Theres	a	A.	Schwa	artz
h		VAS DECEASED EVEL		MED FORCES?	166. SOCIAL SECU		17. INFORMANT			.Box X	
u		no			217-12	- 7594	Stewart H	Jurt 30	8 Secon	dSt.La	ure1,Md
		18 CAUSE OF DEA	TH (Enter or	nly one couse pe	r line for (o), (b), on	d (c).)				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH V		TE CAUSE (o)	ale	almer	va concumom	24000			
	13	Conditions, if on	v. which	(b) 4	0	HIMA	m cancer			The state of	
		gove rise to in couse (0), state	nmediate								
	130	underlying cous		DUE TO, O	R AS A CONSEQUI	ENCE OF					
		PART 2 OTHER SIG	NIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	FRMINAL DISEA	SE OR CONDITION (SIVEN IN PART 1	0
	20	Transfer of the transfer of the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
1	CATION	190. DATE OF OPER	ATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT	OPSY? 206 IF	YES, WERE FINDIN	
1	1-三							YES 🗌	NO	TIFYING CAUSES	NO [
5	CERT	21a. ACCIDENT WAS UP	NDERLYING [. WE A B	21c HOW INJURY OCC	CURRED (ENTER N	NATURE OF INJURY IN ITEM	B PART I OR PART 2)	
1	3	OR CONTRIBUTING		AID .	.M. MONTH D.	19					
	MEDICAL	21d INJURY OCCU		210 PLACE	OF INJURY		211 LOCATION			COUNTY	STATE
	×	WHILE NOT V	VHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC]	STREET		CITY OR TOWN	COUNTY	STATE
		22a.1 certify that (utol) otherfield th	e deceased from		10	84	June	36	that (I) (we) lost
				ot) view the body		1/	nd mot in (my) (our) opin	nion death occur	red on the date and l		
		obove, (I) (ve)	(did) (did no	ot) view the body	ofter death.		DEGREE				SIGNED
		MARA NIA	. A 1	MAL	1-1		ATTENDIN		STAFF	101	20/0/
-,		- ANMONOM	10-1	wers	70		PHYSICIAL	DIRECTO	R PHYSICIAN	90	-8 180
/		10 DOC IN	AME (TYPE	OR PRINTI	Arat	6000	22e ADDRESS	· Mans	an enelin	1+MT	1
L		או בארונעו	DI	m(112	1362	XW	nivercial ar	1 wwy	Juenne	UMU	,
	23a 8	BURIAL, CREMATION	I, REMOVAI	236/30	/86 Lo	rrall	emetery or tremato	RY 23d, LOC	anlogn.	Balto.	Mdw
		UNERAL DIRECTOR		Ment -	SANDYS				REGISTRAR 251 REG	ISTRAR'S SIGNA	VRE .
	1	LECK FUR		11	ADDRESS	6 00	eel, ma.	UL 2	1986 Frelia	Davidson-V	an low
	120	LICK FULL	MARC	17000	CANC.	1 HULL	2011111				

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR

Brown E

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CHATALAND MICHAEL SON FRIDAY CONTRACTOR

AND TOTALE COLLEGE VIEW CONTRACTOR SOLVE LINES

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STATE OF MARYLAND FOR STATE

Bowie, MD

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 0	ì	7	4	2	
REG. NO					
	ATT. A 34	N.C. A.D.			_

							REG. NO			
	CEASED NAME	FIRST	MIDDLE	AST	20. DATE OF	DEATH MONT	TH DA	YEAR	26 HOU	
(146	E OK PRINT)	John	William	В	onomo	June	1, 198	6		12:4
3 SE	Х		4. RACE	S. DATE O		6 AGE (INY	EARS LAST BIRTHDAY		ONTHS DATE	
	Male		Caucasian	June	14,001 1920	65		YRS	DATS	HOURS
le B	IRTHPLACE (STAT	E OR FOREIGN	6 CITIZEN OF WHAT COUNTRY	1? 8	NEVER MARRIED	9 BALTIMO	RE CITY OR CO	UNTY	OF DEATH	
M	aryland	W. College	USA	WIDOWE			e Georg	e's	Count	у
10 C	ITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		R OTHER INSTITUTION		OCCUPATION FOR MOST OF WOR	KING LIFE)	INDUSTR'	OF BUSINE
	anham		Doctor's Hospit	:al		Consu	ltant		Tran	sport
13a.	AL RESIDENCE (#	NURSING ONE OR COUN			13d. INSIDE CITY LIMITS?		ADDRESS / ZIP			
_	ryland	Pr G	eorge's Bowie		YES 📉 NO 🗌		Sutter	sI	ane	20715
14 F	ATHER'S NAME FIRST	A	AIDDLE LAST		15 MOTHER'S MAIDEN !	NAME	WIDDLE		t.	AST
	Vincent		aul Bonomo		Martha					tts
	WAS DECEASED E		MED FORCES? 166 SOCIAL SEC	CURITY NO.	17 INFORMANT	12901	Sutter	's I	ane	
	YES	WW I	I 214-12-	-9833	Mary Bonome	o Bowie	, Maryl	and	2071	5
	Conditions, if gave rise to couse (a), s underlying c	immediate toting the	DUE TO, OR AS A CONSEO	•						
NOI	gave rise to couse (a), s underlying c	immediate stating the ause last.	(b) ares	UENCE OF	NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITIC	DN GIVE	N IN PART	lia
	gave rise to couse (a), s underlying c	immediate itating the ause last. SIGNIFICANT C	DUE TO, OR AS A CONSEO	DUENCE OF		RMINAL DISEAS 200 AUTO YES	DPSY? 20b	IF YES,	WERE FIND	INGS USE
CERTIFICATION	gave rise to couse (a), is underlying of PART 2. OTHER 190. DATE OF OP 210. ACCIDENT WA	immediate toting the ause last. SIGNIFICANT C ERATION SUNDERLYING	DUE TO, OR AS A CONSEO (c) A SOURCE ONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICE 216. TIME OF INJURY	D DEATH BUT I		20a AUTO	DPSY? 206	. IF YES, CERTIFY YES	WERE FIND ING CAUSE	INGS USED
CERTIFICAT	gave rise to couse (a), so underlying c PART 2. OTHER 19a. DATE OF OP 21a. ACCIDENT WA OR CONTRIBUTING	immediate toting the ause last. SIGNIFICANT C	DUE TO, OR AS A CONSEO (c) A CONTRIBUTING TO ONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 116. TIME OF INJURY HOUR A.M. MONTH	DUENCE OF	N WAS PERFORMED	20a AUTO	DPSY? 206	. IF YES, CERTIFY YES	WERE FIND ING CAUSE	INGS USED
	gave rise to couse (a), is underlying of part 2. OTHER 190. DATE OF OP 210. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY 21d. INJURY OCC	immediate tating the ause last. SIGNIFICANT C ERATION SUNDERLYING CAUSE OF DEA' MEDICAL EXAMINER!	DUE TO, OR AS A CONSEO (c) A CONTRIBUTING TO ONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 116. TIME OF INJURY HOUR A.M. MONTH	D DEATH BUTT	N WAS PERFORMED	20a AUTO	DPSY? 206	. IF YES, CERTIFY YES	WERE FIND ING CAUSE	INGS USED
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DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR, After this certificate has been signed by the atten-TO HOSPITAL OR AFFENDING PHYSICIAN: The law requires that the retained by the haspital or attending physician.

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attendance of the latest and the lat

Manager A. M. A. Milliams

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medical exam

1	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATI		ENE 8 6	NO.	179	26
	CEASED NAME	FIR51	٨	AIDDLE	t	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
1		velvn	Gert	rude	В	ООТН		June 17.	1986		3:30P M
3. SE			RACE		5. DATE C			6. AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS
	Femal	e	Whit	е	Marc	ch 25, 1	904	82	YRS		HOURS MIN.
	RTHPLACE (STATE COUNTRY) Wash. D	C.	U.S.	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIE		Prince G	_		MD
	ITY OR TOWN OF Lanham		Doctors	HFACILITY, GIVE STREET A	GHOME C DDRESS) al of	Pr. Geo.	NC	12a USUAL OCCUP.	ATIONI	121 KNID C	E BUICINIESS OR
130 Ma	state aryland	13b. COUNT	Y	GIVE RESIDENCE BEFORE 13Newor Town Carrol	٧ .	C.13		13e STREET ADDRES 6134 8	s/zipcoi	DE 20	784
	ATHER'S NAME William	J [*] .	DDLE	FitzPat:	rick	15. MOTHER'S MAID		Ann		Hea	rney
	WAS DECEASED E YES, NO OR UNKNOWN		VAR OR DATES	166 SOCIAL SECUI		Ann D.	Boot	6134 8		ve.	, Md.
	Conditions, if gove rise to couse (a), s	IMMEDIATE any, which immediate	DUE TO: OF	Carce AS A CONSEQUE	e for	in It	un	,		APPROX BETYPEEPS	WATE PREVAL CHIEF AND DEATH
NO	PART 2. OTHER	SIGNIFICANT CO	NDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	IE TERMI	NAL DISEASE OR CO	NDITION G	IVEN IN PART LO	P
CERTIFICATION	15s DATE OF OR				OFFRATIO	N WAS PERFORMED)	YES NO.	IN CERT	ES, WERE FINDING CAUSES YES []	
MEDICAL CE	THE BUTHER, NOTHER	CAUSE OF DEATH	P./	A. MONTH DA	Y YEAR		OCCURR	D. (govies variuse of a	ALIEN HATELAN CE	PART I OR PART 2)	
MED	THE INJURY OCH	CURRED	21e PLACE C	OF INJURY IEC FACTORY, OFFICE, FA	AM E101	SII FOCUTION		CITYO	4-	COUNTY	STATE
		reased alive on	offended the	17 108	6/1	nd that in (my) (a	PG opinion d	eath occurred of the	date and h	our and from the	that (i) (lost lost course stated

Barry Rosenberg M.D. 73e. BURIAL, CREMATION, REMOVAL

Landover Rd., Cheverly 20785

Burial 6/21/86 TIC NAME OF CEMETERY OR CREMATORY Hill Cem. Cedar

27s. ADDRESS

PHYSICIAN .

Suitland P.G.

MAN

STAFF

Md Puneral Director Rendon/Hale Lanham Funeral Hone 1750 DATE RECT. BY REGISTRAR'S SIGNATURE NAME 9013 Annapolis Rd. Lanham, Md. 20706

DHMH - 16 60M 7/84

PORTANT, If INM 2

(VRA 15, 4)

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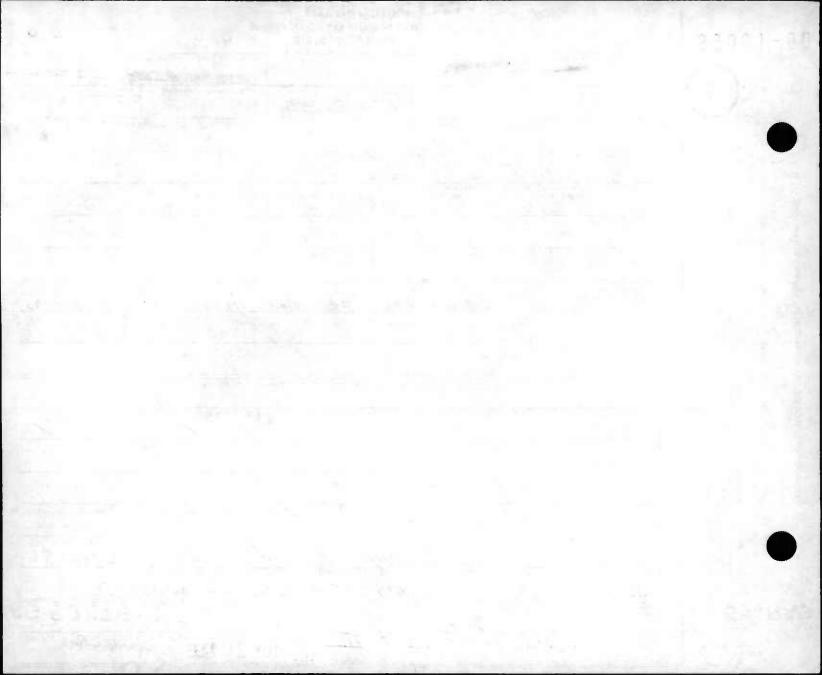
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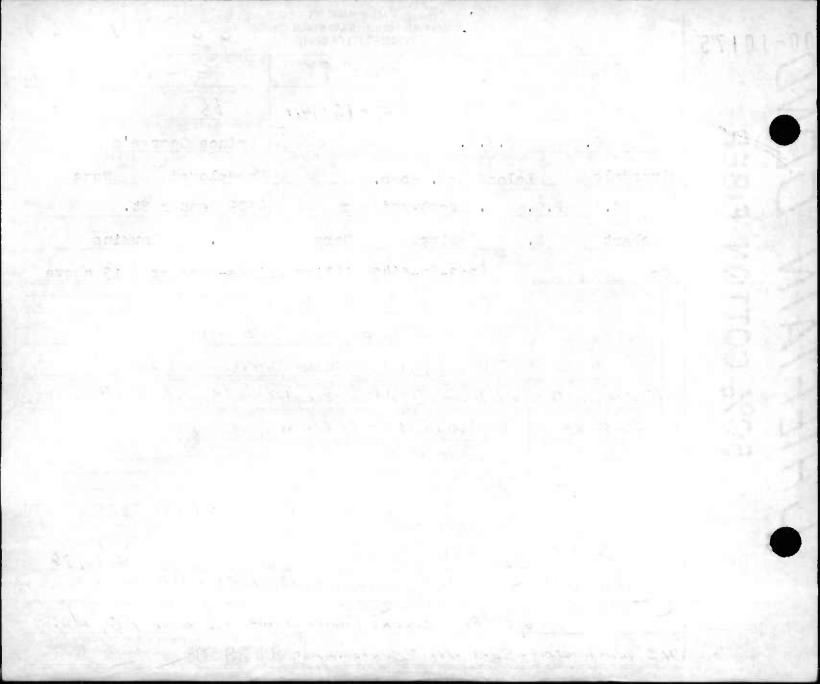
STATE OF MARYLAND

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ON OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1	<i>3</i> L
	1
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be	
ng proyectian.	2.2
this defitting the Base signed by the intended physician and completely made in by the property of the complete signed by the property of the	1 .

0 -	100	5 9		FOR STATE REGISTRAR			DEPARTI	CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	Ö	Ö REG. NO.	1	1 2 8
		1		CEASED NAME	FIRST	I	Y CU E		AST	2R DATE OF D	EATH MONTH	DAY YEAR	2b. HOUR
- 1	6	0			EORGI		Н.		ENT		L 10, 119		7:00pm
	1	0	3 SEX		4	RACE	1-	S. DATE C		48	LAST RIRTHDAY)	MONTHS DAYS	HOURS MIN
	1		7- DI	Male RTHPLACE (STATE OR FO		Blac	WHAT COUNTRY?	Dece	moer 4,1937		CITY OR COUN		
0	Meral d	47	CC	strict of			ited Stat	MARRIE	D NEVER MARRIED DIVORCED		e George		MD.
1	by the fa	20		strict Hei		IF NOT IN SUC	HOSPITAL, NURSIN CH FACILITY, GIVE STREET Addison I	ADDRESS)	South	12a USUAL OC (TYPE OF WORK FO Uphols	R MOST OF WORKING		OF BUSINESS OR
ND 212	filled in	15	13n: S	LERESIDENCE (F NURS TATE ryland	136 COUNT	Υ	GIVE RESIDENCE BEFOR	N	131 INSIDE CITY LIMITS?	13R STREET AD		Road, Soi	0747
MARYLA	repletely nd 2 shop	160		THER'S NAME FIRST Herman		DDLE	Brent		IS. MOTHER'S MAIDEN NA FIRST ROSIE	ME	MIDDLE	But l'é	
IMORE,	n and cor	the mad	16a W	(AS DECEASED EVER ES, NO OR UNKNOWN) Yes	IN U.S. ARM (# YES, GIVE V		578-46-8		Mary Brightl	naupt,si		Hyattsvi. 1953 Decat	lle, Md. tur Street
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D	or requires that the death certains an signed by the attending physic Then please remove darbor paper To burial eventation or semion	ny injury, or other traumstic evi	NO	Conditions, if any, gave rise to immouse to moderlying cause	AS CAUSED IMMEDIATE which nediate g The last	DUE TO, O (b) DUE TO, O (c)	PROMEHO PRAS A CONSEQUI	GENIE ENCE OF	NOT RELATED TO THE TERM			7 4	XIMATE RATERYAL CONSET AND DEATH MISING 445 S
AL RECO	N: The land.	3	CERTIFICATION	19a DATE OF OPERA	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES T	206. IF IN CER	YES, WERE FIND RTIFYING CAUSE YES	NGS USED S OF DEATH? NO D
OF VIT	rhysician ng physician. this certificat urial-transit p	or Item 18		210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF C	AUSE OF DEATH	,		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATUI	E OF INJURY IN ITEM	18, PART I OR PART 2)	
NOISIN	attending I attending I R: After this as the buri	marked o	MEDICAL	214 INJURY OCCURE	HILE [OF INJURY REET, FACTORY, OFFICE, I	ARM, ETC.)	211 LOCATION STREET	C	TY OR TOWN	COUNTY	STATE
	hospital or DIRECTOF hed for use	If Item 21 is		JUAN	ed alive on _ did) (did not)	Junie Vigor Theyboody Jew	10 19	2			STAFF	hour and from the	that (I) (we) last e causes stated E SIGNED 12-86
	retained by the TO FUNERAL should be detac	MPORTA		JOHN	EH	TERR	PNE IR	MD	50 IRVING			5H. D_	c
	BP	= /	(5	urial, cremation, pecify) Cremat		June :	16, 1986	Lee'	emetery or crematory s Crematoriu	m Was	hington	COUNTY	D. C.
	DHMH-16 (VRA 15, 4			neral director name tewart Fun	egal i	lome /	4001 Ber	art, nning	Road, N.E. J	UN201	15TRAR ZSHIREG 1986 GUNG	SISTRARIS SIGNA	NO.





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Examiner
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST ECEASED NAME FIRST 20 DATE OF DEATH MONTH YEAR 2h HOUR TYPE OR PRINT Brinkley June 9. 1986 Howard J. 1 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF LINDER 21 HRS MONTH VE AD Male 50 Caucasion April 27, 1936 70. BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED West Virginia Prince George's County U.S.A. WIDOWED | DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Lanham Doctor's Hospital of Pr. Geo. Co. Professor Univ. of Md USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
134. COUNTY
136. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Prince George's Greenbelt 229 Lastner Lane Maryland YES X NO [20770 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Howard Brinkley Louise Thompson 160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT Peacetime Yes 235-50-5317 Norma Brinklev Same as 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAL Canditions, if any, which gove rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICAT

19n DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO I YES 🗔 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.

71d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT-MHILE AT WORK

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did not) view the body after death,

27b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL

PHYSICIAN TO DIRECTOR PHYSICIAN 22e ADDRESS

Arvind M. Mehta, M.D. 7100 Balt. Ave. College Park, Maryland

June 9,1986

23t. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL

Burial June 14, 1986 Bridgeport Cemetery Bridgeport Harrison W.Va

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

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State Finderson

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN CTYPE (SEPKING) Leslie Webb Brooks DEATH MATE DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCE Sept. 20, 1912 73 DEAD TO CITIZEN OF WHAT COUNTRY? IN BRITHPLACE CHIATEON 9. BALTIMORE CI NEVER MARRIED U.S.A. Virginia DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 5701 43rd. Ave. Hvatteville Apartment Engineer ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Complex UZA COUNTY 13c CAY, OR TOWN 13a STREET ADDRESS Hyattsville Ave. Apt#-4 5701 43rd. Maryland P.G. A FATHER'S NAME 15. MOTHER'S MAIDEN NAME Clayton Brooks Emma Jane Paige 7. INFORMANT ADDRESS P.O. Box 168 S WITH FOR MIT. PAGEST E, DIVISION 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR OATES) 577-34-4744-A Mrs. Helen L. Brooks Lake Wales, Fla. 33859 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). F MEDICAL EXAMINER ALONG WED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DIL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ITHIS CERTIFICATION THE WORD TO SHAWARDED TO THE CHIEF IN R. PACES SHOULD BE USED ITESTATE DEPARTMENT.OF HE STATE DEPARTMENT.OF HE STATE DEPARTMENT.OF HE PROR TO BURBAL. 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔲 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY STATE L DIRECTOR: PH, WITH THE ST 220. I certify that I took charge of the remains described above, held on Natural couses death resulted from: Hamicide L Undetermined monner TITLE (SPECIFY) PAGE 4 SHOULD TO FUNERAL D AFTER DEATH, I BALLIMORE, M. 1919 Seminary Rd. Silver Spring, Md. EXAMINER'S NAME John S. Rogers, M.D. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 236 NAME OF CEMETERY OR CREMATORY

07/84 **DHMH - 17** (VR A15 ME (5))

25M

June28,1986 Burial 24. FUNERAL DIRECTOR

Fort Lincoln Cemetery

Brentwood

P.G. Maryland

Gasch's Sons F.H. P.A. Hyattsville, Maryland'

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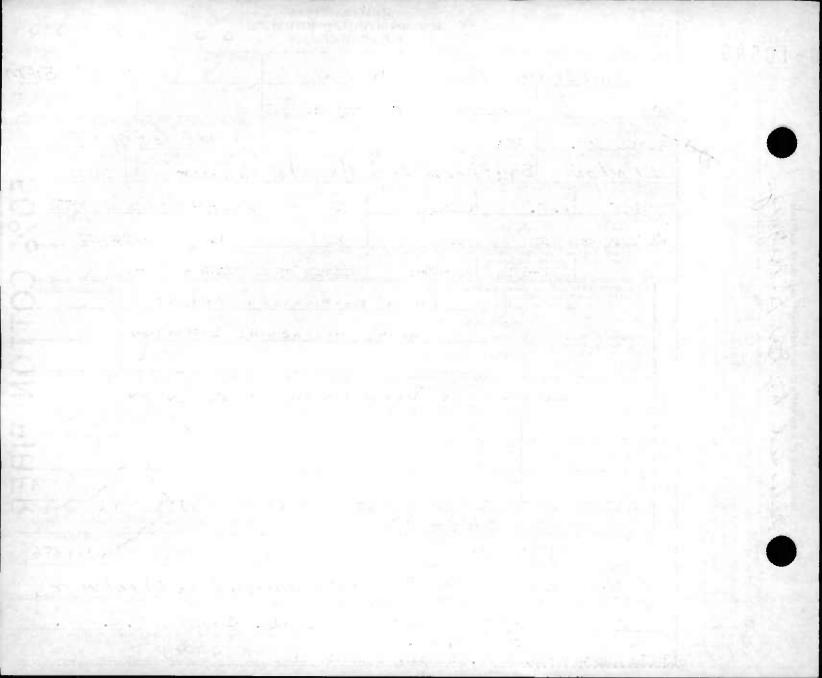
Indiana .D.S. Bandanes Canatana Canada and Canada C

S. Facelle Sons R.E. .A. Systerville, Maryland Chr. F.

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-	REG. NO.	

	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 5	1 7	1 9 3	4		
١		DECEASED NAME FIRST MIDDLE TYPE OR PRINT)			į.	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOL	UR		
ı	line	Delia A.		A.	Byrd		-June	25,19	86 3	AM		
ı	3. SEX	4 RACE			5. DATE C		6. AGE (IN YEARS LAST BIR	THOAY) IF UNDE	DAYS HOURS	R 24 HRS		
Į		Eemale	Caucas	slan	Nove	ember 11,1923	62 YRS MONTHS DATS HOURS					
1	. BII	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH			
I	N	Maryland	U.	S.A.	WIDOWE		Prince Ge	orge's		MD.		
1	-	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	DSPITAL, NURSING HOME OR OTHER INSTITUTION			12a USUAL OCCUPATION 12b KIND OF BUSINESS OR				
4	(Clinton			ITY, GIVE STREET ADDRESS) Maryland Hospital Center				SP Telep	hone		
i		AL RESIDENCE (IF NURSING HOME C	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)							
d				136. CITY OR TOW	leHil	134 INSIDE CITY LIMITS?	13e STREET ADDRESS A	rson Rd.	20748	100		
4		THER'S NAME				15 MOTHER'S MAIDEN NA	ME					
	M.	Scott	WIDOFE	Smith		Emma	WIDDLE	7	Allen			
1		AS DECEASED EVER IN U.S. A		16b. SOCIAL SECU		17 INFORMANT (brot	her-in-law					
ı	{Y	NO OR LINKHOWN) (IF YES G	VE WAR OR DATES)	579-24-6	814	Jimmie D. By	The second secon	eat Falls				
ı		18 CAUSE OF DEATH (Enter o	nly one couse pe				01/		APPROXIMATE INTE			
1		PART I. DEATH WAS CAUS	ED BY: TE CAUSE (a)	11 - 13	- (piratory (allabs	0	2 hr	<		
ı		IMMEDIA		- 1			1			_		
1		Canditions, if any, which	DUE TO, C	PROPERTY DEMONE			-hace 30 day			715		
1	-	gove rise to immediate					1018			1		
	M.,	underlying cause last.	Arteriosclerotic (ardi						5.			
	N	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE FERM	CMIZ -	DITION GIVEN IN	PARL1:0	Til		
=	CERTIFICATION	19g DATE OF OPERATION	19b COND	T / CI/L	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	1 0b. IF YES, WER	E FINDINGS USE	D		
1	IFIC		1,000					IN CERTIFYING	CAUSES OF DEA	TH?		
-	ERT	210 ACCIDENT WAS UNDERLYING	7 21b. TIME C	OF INJURY		21c HOW INJURY OCCUR	YES NO P		YES NO			
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ı	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		.M. OF INJURY	19	211 LOCATION						
	ME	WMILE NOT WHILE AT WORK		REET, FACTORY, OFFICE F	ARM ETC)	STREET	CITY OR TO	wn co	DUNTY	STATE		
1		22a I certify that (I) (this hasp			7-	20 1974	_, to 6 -	25 192	, that (l) ((we) last		
saw the deceased alive an								ate and have and f	ram the causes st	rated		
1		22b. SIGNIATURE	1	are dearm		DEGREE			2c. DATE SIGNED			
1		Chan + (Secretary Physician Princetor Physician 6-25-76							.76			
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	1111	1	72e ADDRESS		200				
		Thomas F. Cl	eary /	M.D.		9131 Piscata	way Rd. Cl	inton. M	20735			
1		URIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
		specify) Burial	Tuno 2	8 1986 Co	dar H	ill Cemetery	Suitland,	Prince (STATE		
				Home Inc			EIREC'D BY REGISTRAR			LID		
		NAME LEC I	wierar .	PADDIE S	•	2505	A11 S O 1800	1	- 1			

DHMH - 16 60M 7/B4 (VRA 15, 1633 Old Alexander Ferry Rd., Clinton, MD 20735

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MPORTANT: If them 21 is

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be



Bowie, Maryland

(VRA 15, 4)

Beall Funeral

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1-	FOR STATE REGISTRAR					HEALTH AND MENTAL HYO	GIENE 8 6	NO.	7	1 3	6
	CEASED NAME OR PRINT)	CHES		ttfrid	CARL	SON	20 DATE OF DEATH	06-1	10-86	10.1100	40PM
3 SEX			4. RACE		5. DATE		6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 H				
M	ale		Caucas	ian	Aug	uet 26,1908	77	YRS	MONTHS DA	rs HOURS	MIN.
70. BIRTHPLACE (STATE OR FOREIGN To. CITIZEN OF WHAT COUNTRY) Sweden U.S.A.					8 MARRIE WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE'S COUNTY				MD.
	Y OR TOWN OF DEA HEVERLY	tн	PRINCE	HOSPITAL, NURSIN	GENE	RAL HOSPITAL	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST Technicia	OF WORKING			ESS OR
130 S Ma	ryland	136. COUN	VIY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Bladens	N	13d. INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS 5424 Spri			10	
	THER'S NAME FIRST available		MIDDLE	LAST		15. MOTHER'S MAIDEN NA Unavailable				LAST + A	~
	AS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU	Auto o y			# 13.	Same a	18	
TION	Conditions, if ony, gove rise to imm couse (o), storin underlying couse	nediote g the lost		ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM		les nol p NDITION G	IVEN IN PART	lto	
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERAT			OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FIN IFYING CAUS YES []		TH?	
CAL	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. TIME OF INJURY HOUR A.M. MONTH DAY P.M.			Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	IURY IN ITEM 18	B PARTIOR PART	?)		
MED	WHILE AT WORK AT WOR	ILE	21e PLACE (OF INJURY BET, FACTORY, OFFICE F	ARM ETC)	21f LOCATION STREET	CITY OR T	OWN	COUNTY	5	STATE
	226. SIGNATURE 22d. PHYSIAN	d alive an lid: idid na	t) view the book		2-1 Q	nd that in (my) (our) opinion DEFFEE ATTENDING PHYSICIAN [22e ADDRESS 6005 Landove	MEDICAL STA	AFF ICIAN []	221. DA	TE SIGNED	PB
230 BI	JRIAL, CREMATION,	REMOVAL	236. DATE	23€. №		EMETERY OR CREMATORY	23d LOCATION		COUNTY		TATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical should be detoched for use as the burial-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remarkal.

injury, or other traumotic event,

IMPORTANT: If Nem 21 is morked or Nem 18 shows ony

24 FUNERAL DIRECTO

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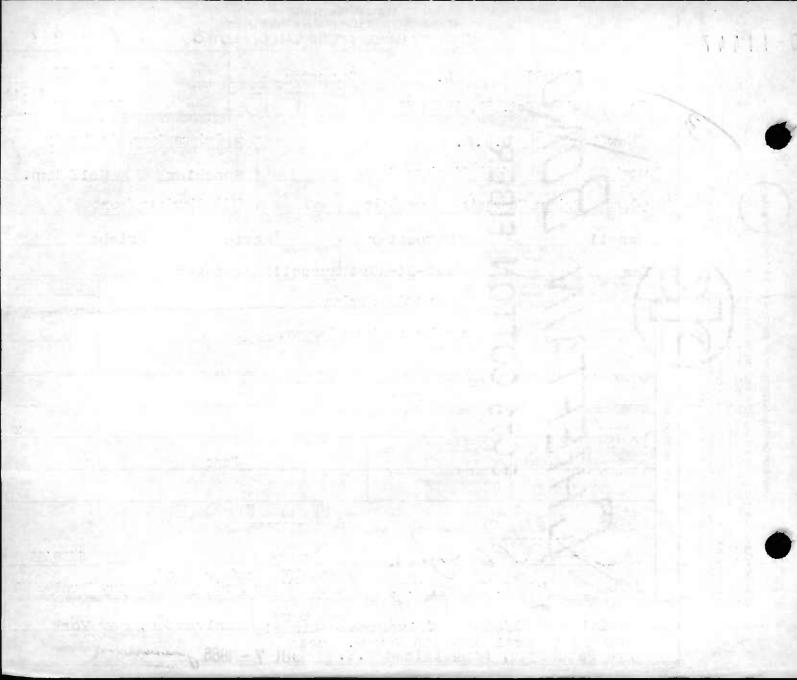
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) 6/29 DEATH MATED 1086 Russell Carpenter 4 RACE AGE (IN YEARS IF UNDER 24 HRS DATE 0:46 LAST BIRTHDAY) PRONOUNCED Male Oct. 30, 1945 40 6/30 1086 White DEAD 76 CITIZEN OF WHAT COUNTRYS To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Prince George's County New York U.S.A. 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Greenbelt Cipriano Court Spackler Self 136 COUNTY 13d. INSIDE CITY LIMITS? 113e. STREET ADDRESS Prince George's 6917 Cipriano Court Maryland Greenbelt 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Priebe Russell Carpenter 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 123-34-4594 Russell Carpenter 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Metastatic carcinoma IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which carcinoma of the larynx. gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF E USED AS A BURIAL FOF HEALTH AND ME URIAL CREMATION lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION None 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E CHIEF BE USED TO MEDICAL EXAMINER: THE CANDING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH WITH THE STATE DEPARTME None NO X 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. CITY OR TOWN STATE Inspection X 220 I certify that I taak charge of the remains described above, held on Autopsy ond in my opinion Natural causes X death resulted from: Accident Suicide Hamicide ____ Undetermined monner TITLE (SPECIFY) 6/30/86 Deputy MEDICAL EXAMINER 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, MD (TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d. LOCATION Cemetery Calverton National Calver 256 REGISTRAR'S SIGNATURE 07/84 Burial New York NERALDIRECTOR NAME RUland Funeral Allome 500 New N. Ocean **DHMH - 17** (VR A15 ME (5)) Ave Patchoque, Long Island N.Y.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REG. NO CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINTS FRANCIS Oliver CARR JUN 24 1986 4 RACE 5 DATE OF BIRTH 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) MALE 30 1928 WHITE JAN To BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED lanuland DIVORCED | WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN WITH CHUTY GIVE TRANSPORES - TONE 13a. STATE 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES GIVE WAR OR DATES) (YES NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY ARDIOPULMOWARY APPREST IMMEDIATE CAUSE D DUE TO, OR AS A CONTENDED TO BE OF SIZP Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO OR METASTATE SQUAUOUS CELL CARCINOMA TORGUE underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF Hygier 21h. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR Mento!! OR CONTRIBUTING CAUSE OF DEATH MEDICAL FIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION 51 CITY OR TOWN puo AT HOME STREET, FACTORY, OFFICE, FARM, ETC) WHILE NOT WHILE morked 20.1 certify that H (this haspital) attended the deceased from_ 19 JUN DIRECTOR: sow the deceased alive an 24 TVN 860 abave, (M(we) (did) (did not) view the body after death ond that in (gry) (our) opinian death occurred on the date and hour and from the couses stated should be detoched with the State Dept. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN LANGUEX FUNERAL MPORTANT

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

2h HOUR

12 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

INDUSTRY

COUNTY

mw. Andrews Air Force, Pase

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

STATE

0051am

IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4)

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22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23b DATE

330 BURIAL CREMATION REMOVAL

MEN SALTE WAS TO SELECT THE SERVICE STREET but that will be to be the start addition of a manifest of a significant point. week and all a while make a set ! The first of courses the first of the state Gett. & Howard do grad & comment - squil

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

B 6	NO.	1	7	1	3	
OF DEATH	MONTH	DAY	YEAR		26 HOUR	

I	FOR STATE REGISTRAR		IEALTH AND MENTAL HYGII	ENE 8 6	17	139
I	1. DECEASED NAME FIRST	MIDDLE	LAST .		MONTH DAY YEAR	26 HOUR
1	GERTRUDE	B CARROLL		JUNE 20.1	986	11:30pM
Ì	3. SEX	4 RACE 5. DATE		6 AGE (IN YEARS LAST BIRT		IF UNDER 24 HRS HOURS MIN.
1	Female.	Black No		57	YRS.	MIN.
1	To BIRTHPLACE (STATE OR FOREIGN COUNTRY).	76. CITIZEN OF WHAT COUNTRY? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
2	Maryland	United States widow	ED DIVORCED	Prince 1	Feorges	MD.
₫	TO CITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME		12a USUAL OCCUPATION OF WORK FOR MOST OF		F BUSINESS OR
1	CAMP Springs	Malcolm Grow		Social Sec.	Kep. Gove	coment
5	MD P.G	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136. CITY OR TOWN Seat Pleasant	1 vec 176 .vec 17	6808 Val	ZIP CODE K PO	ad 3
7	M FATHER'S NAME	MODIE LAST	15 MOTHER'S MAIDEN NAM	MIDDLE	a LAS	aT.
0	George	JenKINS	Gertrude		Carter	
1	16 WAS DEGLASED EVER IN U.S. AF	MED FORCES? 16b SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	ss O O	
ı	NO N	6 061-24-3567	John Carroll	6808 Vall	Y Hark Rd.	
1	18 CAUSE OF DEATH (Enter of	nly one couse per line for (CARD-LOPUL)			APPROX BETWEEN	ONSET AND DEATH
1		TE CAUSE & CARDIO PULMON	PARY HEREST			
1		DUE TO, OR AS A CONSEQUENCE OF		1 7 70	nis l	
	Conditions, if any, which gove rise to immediate	(X METASTAL	C BREAST CA	1 10 BR	AIN	
1	couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF				
		((c)CONDITIONS CONTRIBUTING TO DEATH BU	NOT DELL'ISO TO THE TERMIN	LAL DISTANT OR COME	THOM ONE IN BURIET I	
1		CONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONL	DITION GIVEN IN PART III	0
H	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1% CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDIN	
	DEL			YES NOT	IN CERTIFYING CAUSES YES	OF DEATH?
7	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURRE			
	OR COATERIOUS CALIFF OF DE	1				
1	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TON	vn COUNTY	STATE
1	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)	SINCE	(11)		317.12
1	200,1 certify that (1) (this hosp	ital) attended the deceased from 28 A	PRIL 19 86	_, 10 20 Jus	19 86	that (I) (we) last
1	sow the deceased alive or above, (1) (we) (did)) did no	20 June 8 19 86 , out view the body ofter death.	nd that in (my) (our) opinion de	eoth occurred on the do	te and hour and from the	couses stated
1	776. SIGNATURE		DEGREE	MEDICAL STAF	X DATE	
	yca	engraral_	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	IAN □ 21 J	UNE,1986
/	AL PHYSICIAN'S NAME THE		ADDRESS			
1	CASAGRA	WPE	MALCOLM GRO	WM MEDCTR	ANDREWS AFR	
	23a. BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF (CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
-	Bucial	10-15-X6 Heline	Mai LOM Jack	Hel. W.Lan	II ali acita	1//
1	24 FUNERAL DIRECTOR	10 0000 11111119	oral Hill 250. DATE	1 Hr lington	25b. REGISTRAR'S SIGNAT	VH-

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR				CERTIF	ICATE O	F DEATH	8	REG. N	0.		7 4	J
	CEASED NAME	FIRST	AA	IDDLE	L	AST		20. DATE O	FDEATH	HINOM	DAY YEA	26 HOUI	R F
() ire	ORPRINT	HERMAN	JA	MES	CAR'	TER		June	14,	1986		9:40)а м
3. SE	X	4.1	RACE		5. DATE C			6 AGE (IN	YEARS LAST BIR	(YADAY)	IF UNDER 1 Y		
	Male		Blad	ck	Dec	-	1.913	72		YRS.	MONTHS	HOURS	MIN.
	RTHPLACE (STATE	OR FOREIGN 7b.	CITIZEN OF V	VHAT COUNTRY?	8 Con	mon-	LAWED T	9 BALTIMO	ORE CITY C	R COUNT	Y OF DEATH		
	Ve		U.S	.A.	WIDOWE	D [DNORCED	Prin	ce Ge	orge'	s Cour	ity	MD
	ity or town of t Lanham		LIF NOT IN SUCH	OSPITAL, NURSIN IFACILITY, GIVE STREET TOTS HO:	ADDRESS)			120. USUAL (TYPE OF WOR Ret			LIFE) INDUST	DOFBUSINE	SS OR
30. S	AL RESIDENCE (IF NOTATE Md.			IVE RESIDENCE BEFORE	ADMISSION)		DE CITY LIMITS?	13e STREET 1200			Oaks Oaks	207 Dr.	4
14. FA	ATHER'S NAME	MIDI	DIE	LAST		15. MOTH	ER'S MAIDEN NA	ME					
	7 111 23 7	nknown	DIE	LASI			FIRST	Jnkno	MIDDLE			LAST	
	VAS DECEASED EV	ER IN U.S. ARME		16b. SOCIAL SECU	RITY NO	17. INFOR		OTTITIO .	ADDRI	Same	as #	13	
	YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	225-05-	2812	Eura	aphine	Hamil			ove		
	Conditions, if a gove rise to cause (o), sto underlying co-	ny, which immediate string the suse last.	DUE TO, OR (c)	AS A CONSEQUE	NCE OF	Vax.	ulen p	pero	lenf	/		ROXIMATE INTER	DEATH
NO	PART 2. OTHER S	IGNIFICANT CON	nditions <u>co</u>	NTRIBUTING TO D	CATH BUT	NOT RELA	TED TO THE TERM	INAL DISEAS	SE OR CON	IDITION G	IVEN IN PAR	110	
CERTIFICATION	190 DATE OF OPE	RATION .	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PE	RFORMED	20a AÜT	OPSY?	IN CERT		DINGS USED SES OF DEATI	H?
MEDICAL CER	? 10. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY M	CAUSE OF DEATH	P.A	A. MONTH DA	YEAR		V INJURY OCCURE	RED (ENTER N.	ATURE OF INJU	IRY IN ITEM 18	PARI I ORPARI	2)	
MED	21d INJURY OCCI	WHILE WORK	21e. PLACE C	OF INJURY SET, FACTORY, OFFICE, F		1110	ATION TREET		CITY OR TO)WN	COUNTY	51	TATE
		(l) (this haspital) cosed alive an () (did) (did not) v	JUN	4/14/19	86_, or	and that in (my) (our) opinion	deoth occurre	ed on the d	ate and ho		, that [1] (w the causes sta	.,
	TZE PHYSICIAN'S	NAME ITTO OFF	an (Kur	1/1	1220 ADD		MEDICAL	STA PHYSIC		6	11412	86

ORTANT Jay A. Ocuin M.D.

3301 New Mexico Ave. N.W., Wash. D.C. 20016

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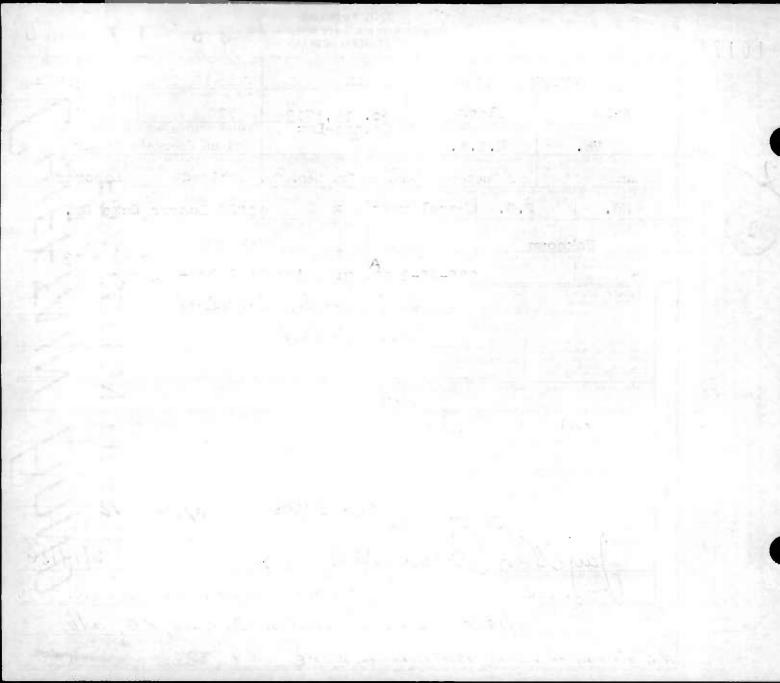
LINCOLH MEM. CEM.

UITLAND

24 FUNERAL DIRECTOR H.S. WASHINGTON + SONS 4925 BURROUGHS AVEN.E

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE John Devidour Handall

DHMH - 16 60M 7/84 (VRA 15, 4)



23b. DATE

6/23/86

11800 New Hamp. Ave.

Silver Spring, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7402 Colchester Drive Crummitt Pat Cassidy (Daughter) Same as 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22¢ DATE SIGNED DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY Frederick Frederick Md Mt.Olivet Cemetery 250. DATE REC'D. BY REGISTRAP 250. REGISTRABUM CAMPIURE JUN 24 1969

2h HOUR

126 KIND OF BUSINESS OR

INDUSTRY

DHMH - 16 60M 7/84

230. BURIAL EREMATION, REMOVAL

Hines/Rinaldi

(SPECIFY)

Burial

24. FUNERAL DIRECTOR

(VRA 15, 4)

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(VRA 15, 4)

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STATE OF MARYLAND

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	REG. NO.				

5	FOR STATE REGISTRAR			DEPART		IEALTH AND MENTAL HYG	IENE 8 6	0.	7 9	4
	DECEASED NAME	FIRST		MIODLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1	TYPE OR PRINT)	sephi	ne	E.	Carri	ness	June 1	6, 1986	5	7:30p
3.	SEX	-	4 RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HR
X	FEMALE		BLACK		JAN	28°, 1925	61	YRS	NIHS DATS	HOURS MIN
12/70	BIRTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		FDEATH	
X M	lassachusett	s	United	States	WIDOW	D NEVER MARRIED U	Prince Ge	orge's		٨
10	CITY OR TOWN OF DE	ATH			NG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT		126. KIND C	F BUSINESS C
31	Riverdale			ch facility, give street nd Memori		spital	Social Ser		Gover	nment
4 13	SUAL RESIDENCE (IF NUR BO. STATE Maryland	136 COUI	YTY	I3c CITY OR TOV	VN	136. INSIDE CITY LIMITS?	13e STREET ADDRESS 3928 Alli	ZIP CODE	reet	072
7/14	FATHER'S NAME					15 MOTHER'S MAIDEN NA	ME			
	Ralph		g •	Chancel	lar	Christine	D.	F	Robert	S
16	WAS DECEASED EVE			166 SOCIAL SECT	URITY NO.	17 INFORMANT	ADDR	SS No. I	Brentw	ood, Mo
/	(YES NO OR UNKNOWN)	(IF YES, GI	VE WAR OR OATES)	578 30 0	0644	Janet Burgi	n -daughter			
/ F	18 CAUSE OF DEA PART I. DEATH V	I (Enter o	alu eno seuve no	s los for (a) (b) or	nd are a s	1 144-		111,		MATE INTERVAL
		NIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN	IN PART 10	a
9	190 DATE OF OPERA	TION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES	NG CAUSES	OF DEATH?
144	OD CONTRIBUTING	CAUSE OF DE	AIH	OF INJURY M., MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I I OR PART 2)	5
	(IF EITHER NOTIFY MEE	RED		OF INJURY	EADA ETC \	211 LOCATION	CITY OR TO	IWN	COUNTY	STATE
1	WHILE NOT W	DRK DRK	(Al NOME, SI	TREET PACTORY OFFICE	rann, EIC)	1.1	, , ,		01	
	220 I certify that ()	ed olive of	of view the book	116/ 19	86.	nd that in (my) (our) apinian	deoth occurred on the d	ote and hour a	nd from the	that (I) (we) lo
	22b. SIGNATURE	The	h	y oner acom.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		DATE	16/8
Z	224 PHYSICIAN'S N	AME (TYPE	OR PRINT)			22e ADDRESS				18 35
/	Abraham 1	Dabela	a, M.D.			4404 Queensb	ury Road. H	liverda	le. Mo	2073
2:	30 BURIAL, CREMATION	, REMOVAL	23b. DATE	23τ.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	Burial		6/19/8	86 На	rmony	Memorial Ceme	thery Lando	ver D	G Ma	rvland
24	4 FUNERAL DIRECTOR			1		250. DA1	E REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNAT	WRE JAN

DHMH - 16 60M 7/84

ALEXANDER S. POPE-2617 Pennsylvania Ave., S.E.

(VRA 15, 4)

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and campletely, filled in by the funeral directa

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely, filled in by the funeral should be detached for use as the burial-transit permit. Then please remove corbanapers. Pages 1 and 2 shapild be filed within 72 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital ar attending physician

BP.

injury, ar ather troumotic event, the medical

IMPORTANT: If them 21 is marked ar them 18 shows ony

24 FUNERAL DIRECTOR

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Maryland

1	REGISTRAR				CERTIF	ICATE OF DE	HTA	0	REG. NO.	3 3	
	EASED NAME	FIRST		MIDDLE	l	AST		20. DATE OF DE	ATH MONTH	DAY YEAR	26 HOURS
2000		Halvor		James	Ch	ristian		June 4	, 1986		4-101PM
3. SE	Male		4. RACE Cauca	sian	5. DATE C		.922	6. AGE (IN YEARS	S LAST BIRTHDAY) YRS	MONTHS DAYS	
	RTHPLACE (STAT	E OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY	2 8			BALTIMORE	CITY OR COUNT	Y OF DEATH	
	hington	. D.C.	U.S.	A.	WIDOWE	D NEVER M.	ORCED	Prince	George	s Counf	ty MD.
10. CI	TY OR TOWN OF		11. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTI	TUTION	120. USUAL OC Trainer	CUPATION R DIFECTO		of Business or tronic Co
130 S Ma	TATE Iryland	136 PU		Ade Iphi			ио □		gess / zig cop	eet 20	783
14 FA	James		WHOOLE	Christi	an	15. MOTHER'S		E linson "		L/	AST
	AS DECEASED E		MED FORCES?	166 SOCIAL SEC 066-14-9		Anna A.		tian (W	ife) Sa	me as #	13
CERTIFICATION		immediate stating the ouse lost. SIGNIFICANT PHAGE	DUE TO, CO (c)	OR AS A CONSEOU HEMO F OR AS A CONSEOU SEPTION ONTRIBUTING TO FOR CA	DEATH BUT	A NOT RELATED T			R CONDITION GI		HEMYYEA
MEDICAL CERTIF	21a. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCC	CAUSE OF DE	ATH HOUR A	DE INJURY .M. MONTH D .M. OF INJURY IREET, FACTORY OFFICE	19	21c. HOW INJ	_	D (ENTER NATUR		res 🗌	NO 🗌
	22s I certify the	of (1) (this hosp ceosed alive or ve) (did no	Gran the bod	he deceased from,	.12	DEGREE	TENDING HYSICIAN	mEDICAL DIRECTOR	n the date and ha	22c. DAT	that (I) (we) last the causes stated re SIGNED e 5,1986
	Michae	1 G. Se	remetis	, M.D.		7501 S	urratts	Rd.#30	3-Clinto	on, Md.	20735
	SURIAL, CREMATI	on, removal	236. DATE 06/07	1		emetery or ci		Brent		· G.	Maryland

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e ∞ ⊈		OR RELIEVE	IRST MIDDLE T.	01.45	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HO	
noy be	3. SE		ACE L.	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	23 86 10	35PM
4 9 50)			Dec	DAY YEAR	60	MONTHS DAYS HOURS	MIN.
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F 70 F		Kentucky	USA	WIDOW	D Never Married D	PRINCE GEORG	E'S COUNTY	MD
(N)74	10 €	CHEVERLY	PRINCE" GE	ORGE STREET ADDRESS)	OR OTHER INSTITUTION ERAL HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKI) Retired	NG LIFE) 12b. KIND OF BUSIN	vess or
	13a.	STATE 136	HOME OR OTHER INSTITUTION, GIVE RECOUNTY 13c. C rince George	ITY OR TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C		Mar
officery of short		ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA		LAST	oro
		Sylvester WAS DECEASED EVER IN	U.S. ARMED FORCES? 166 S	Collins OCIAL SECURITY NO.	Clyde 17 INFORMANT	ADDRESS	Boyd	
s. Pages			FYES, GIVE WAR OR DATES)	33 62 245	Robert L.	Clark-husba	nd-10216 P: Md # 20 APPROXIMATE INT BETWEEN ONSET AN	rinc 2
The law requires that the death ccian. The has been signed by the attendin ssit permit. Then please remove carb giene prior to burial, cremotion, or shows any injury, or other traumatic.	CERTIFICATION		CANT CONDITIONS CONTRIB	CONSEQUENCE OF	meny of	APHAL DISEASE OF COADITION 200. AUTOPY? VES DO	YES, WERE FINDINGS USE THE THIND CAUSES OF DEA YES NO	ATH?
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fter this cast he burth and Me	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJ		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ok Allenor e haspital ar DIRECTOR. A ached for use Dept. of Heal f them 21 is mi		220.1 certify that (1) (the saw the decaded above (1) we) (did 22b. SIGNATURE	is hospital) atlended the dece	lepth. 19 10	DEGREE	death accurred on the date and	hour and from the causes s	
At the det	-	22d. PHYSICIAN'S NAME	TYPE OR PRINT)	VVV	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF PHYSICIAN	16/4/	6
o HOSPIT of HOSPIT o		LEWIS H. D			831 UNIV BL		SPRING MD 439	9-410
BP		BURIAL, CREMATION, REA			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN al Cemetery	Suitland	Md.
DHMH - 16 60M 7/84		UNERAL DIRECTOR	n T. Sten	rasti-44		TE REC'D. BY REGISTRAR 256 PE		in the
(VRA 15, 4)	LS	tewart/Fun	eral Home-4	001 Benni	ng Road! N	Fr S wod 9		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE REGISTRAR 20. DATE KNOWN ASED NAME (TYPE OR PRINT) DEATH MATED 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. 20. DATE LAST BIRTHDAY) PRONOUNCED DEAD RALTIMORE CITY OR BIRTHPLACE (STATE OF MARRIED X NEVER MARRIED FOREIGN COUNTRY Maryland Prince George's U.S.A. DIVORCED 120 USUAL OCCUPATION LTYPE OF WORK IS CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS Most of working (IFE)
Maintenance State of MD Upper Marlboro 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 4810 Eastern Lane Maryland Prince Georges YES K Suitland 20746 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST LAST John Coates Simms Grace 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 4810 Eastern (YES, NO, OR UNKNOWN) LIF YES GIVE WAR OR DATEST 215-34-3157 Shirley Coates CAUSE OF DEATH (Enter only ane cause per the for (a), (b), and (c). PART I DEATH WAS CAUSED BY Carelovas euler de IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO P 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certily that I took charge of the remains described above, held an Autapsy death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner SIGNATURE EXAMINER'S NAA (TYPE OR PRINTL 0 230 BURIAL, CREMATION REMOVAL LIB DAT 236. NAME OF CEMETERY OR CREMATORY Washington National Burial Suitland Prince George's MD 07/B4 24 FUNERAL DIRECTOR ROLLINS FUNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 4339 HUNT PLACE, N.E. (VR A15 ME (5)) WASHINGTON, D.C. 20019

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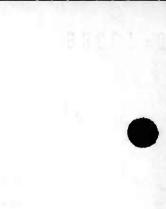
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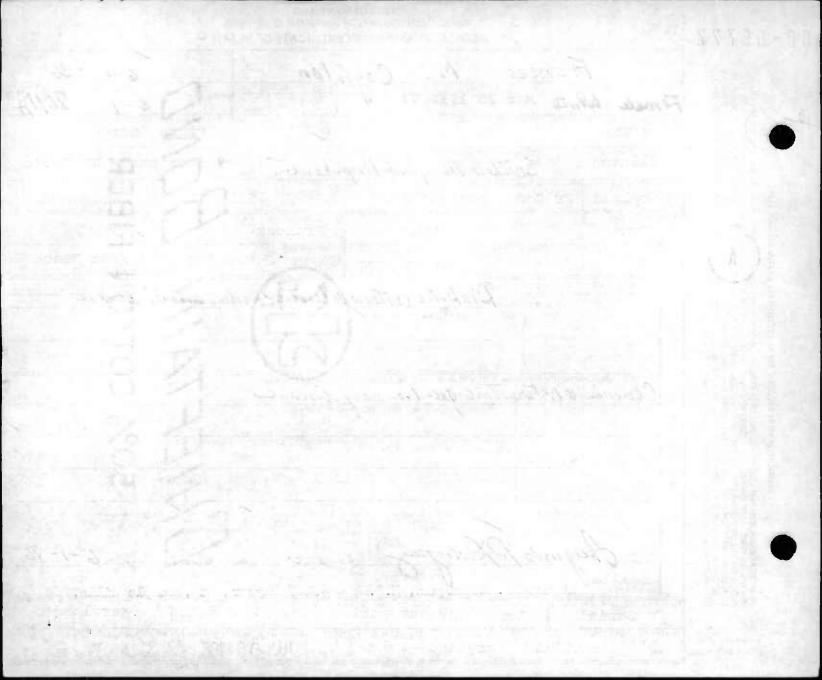
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noy.	3. SE		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BI		# UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	
200		Female	Whi		Sep	t 5,1942	9 BALTIMORE CITY OF COUNTY OF DEATH				
1183		RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	USA		WIDOWE		PRINCE G	EORGE'	S	MD.	
(N R3		ANHAM		HOSPITAL, NURSIN CHEACRITY, GIVE STREET / RS HOSPIT	G HOME C ADDRESS) [AL O]	PR. GEO. CO.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Production	on Fworking Lift Mgr.	industry Genera	el Elect.	
163	13g S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY	GIVE RESIDENCE BEFORE 13r. CITY OR TOWN Lanham		13d INSIDE CITY LIMITS?	13. STREET ADDRESS 9306 Vaug	zip code m Pla	ce20	801	
量 第 月 次	14. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM			LAS		
11/60		James	lawson	Ratl	iff	Lou	Ann	ie		iltner	
n ond co		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS			
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physici on paper emoval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse pe ED BY TE CAUSE (a)	RESPIRATE		FALUNE			BETWEEN	MATE INTERVAL ONSET AND DEATH	
quirer, that the de ingred by the of the please removing to burrol, cremotic njury, ar ather trai	NO	Conditions, it only, which gove rise to immediate couse (a), storting the underlying cause lost. PART 2. OTHER SIGNIFICANT PAGGESSI	CONDITIONS C		NCE OF			DITION GIV	EN IN PART 1:0)	
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offerding the this c is the bur is ond Me rised of the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC J	211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE	
TTENDIN photo or TOR At for use of the off		220.1 certify that (1) this hasp sow the deceased alive a above (1) (we) (did) (did n			JUNE 86,01	nd that in (my) our) apinion o	to Jine leath occurred on the d			tho () (we) lost couses stated	
TALOR A pr the hose CALOREC denothed one Dept.		276 SIGNATURE WIND	1.		M	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	224 DATE	SIGNED 86	
o HOSPITA etgined by 10 FUNERA inhould be de all the Stat		22d PHYSICIAN'S NAME (TYPE	OR PRINT) 1. BO C.C	(A		22e ADDRESS	sicians LN			Luille, MD	
K 5 + 2 + 2		BURIAL, CREMATION, REMOVA		100	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE	
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DHMH - 16 50M 4/83		UNERAL DIRECTOR	Kamen	ACORESS (Camero	on &Alfred 250 DATE	KELP-IA BECONE	86 KEGIST	KAR'S SIGNAT	yke gandall	
(VRA 15, 4)	Cit	NNINGHAM FUNER	AL HOME,	TING A	lex.	Va		1,7			



STATE OF MARYLAND



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13e STREET ADDRESS / ZIP CODE Gallery 20601 Viola Pickeral 3000 Gallery Pl. #T6 Waldorf Md 20601 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RELATED TO THE TEMMINAL DISEASE OR CONDITION GIVEN IN PART TIO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [CITY OR TOWN COUNTY STATE that (1) (we) last and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED EDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) STATE Burial 6-16-86 Trinity Mem Gardens Charles dorf 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE PO Box 156 Waldorf. MD. 20601 Huntt Funeral Home

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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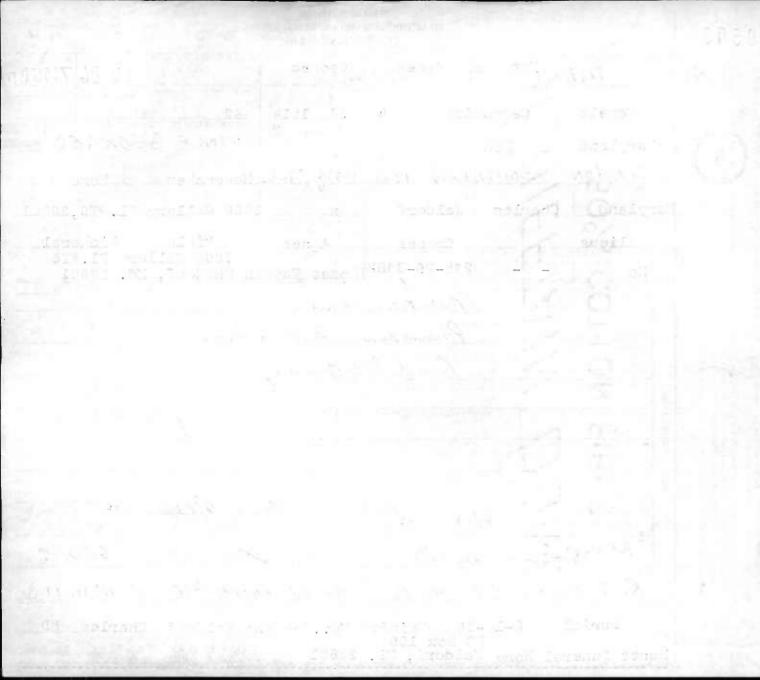
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s 4 may be tror. page 3 after death		CEASED NAME FIRST TAM X Wale	A. RACE Black	COTTE COTT S. DATE C MONTH 11	DE BIRTH SR	20. DATE OF DEATH 6 AGE (IN YEARS LAST BIR	6.9.86	2b HOUR MA
eath. Pog	No		USA NAME OF HOSPITAL, N	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	PLINCA- 12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY	Co. MD.
RYLAND 21201	34. FA	AL RESIDENCE IF NURSED HOLD OF CATE CYLAND CHART THERET MACHINE FIRST MACHINE FIRST MACHINE M	les Wald	orf	IN INSIDE CITY LIMITS? YES NO THER'S MAIDEN NA FIRST	13e STREET ADDRESS / MOONCOI	ZIP CODE	Govt GOO/ ald, ND
ALTIMORE, MA The be successive to the property of the property	16a. V	VILLIAM H. VAS DECEASED EVER IN U.S. ARA VES NOOR UNKNOWN) (IF VEC ON THE VECTOR OF	EWAR OR DATES) 240	L SECURITY NO. 60 5307	Mayner J. IT INFORMANT Demetrice	ADDRE	s road, Man	infield ryland
DS, 201 W. PRESTON ST., I quires that the death certific signed by the attending phy hen please remove carbonpa to burial, cremotian, or removiquity, or other traumatic even	NO	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, il any, which gove rise to immediate couse tot, stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) T	ISEQUENCE OF SPIRA ISEQUENCE OF ABET	ES MEL	STLURE LITUS	rem	
ITAL RECORDS, sicion. Sicion. The low requir sicion. The hos been signer hos permit. There yigiene prior to b shows any injury.	CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES (YES	
DIVISION OF VITAL ENDING PHYSICIAN: The rol or ottending physician OR. After this certificate hir or use as the burial-transif pr ruse as the burial-transif pr Health and Mental Hygier I is marked at Item 18 show	MEDICAL C	OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (I) (this haspite	HOUR A.M. MONT P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY)	19 OSE FARM, ETC) trom 6/5	211 LOCATION STREET	(ITY OR TO	wn county	STATE
TO HOSPITAL OK ATTEN retained by the hospital TO FUNERAL DIRECTOR should be detached for unwith the Stare Dept of H IMPORTANT: if hem 21 is		sow the leceased of the acabave (i) we) (did id did not 22b SIGN). 22b SIGN HE 22d PHYSICIAN'S NAME (TYPE OR TO BE OF S	view the body after death.	onmo	22e ADDRESS 6188	MEDICAL STAR	122. DATE S	SIGNED
ВР		Burial, CREMATION, REMOVAL SPECIFY Burial UNERAL DEGINE BURIAL	23b. DATE 6/12/86	23c NAME OF C	25a. DA1	23d LOCATION City or town Chelten TE REC'D. BY REGISTRAR	ham Charle 25b. REGISTRAR'S SIGNATU	JRE
DHMH - 16 60M 7/84 (VRA 15, 4)	32	200 Rhode Isl	and Ave. M	t. Rain	110	N 4 1 1986		

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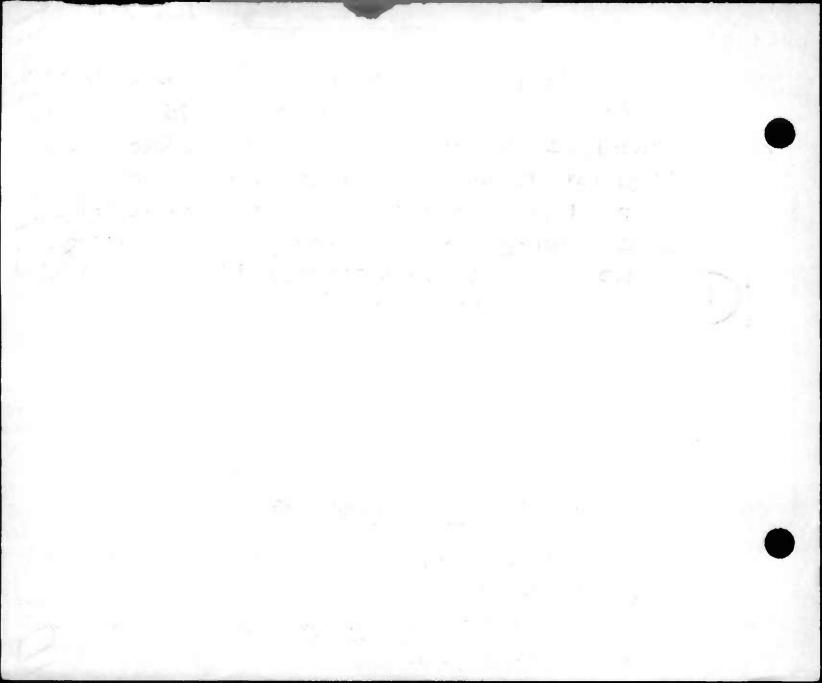
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STATE OF MARYLAND

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	REG. NO.					

	FOR STATE REGISTRAR	- STATE CEPTIFICATE OF DEATH						
	1. DECEASED NAME FIRST WORK			sins	20 DATE OF DEATH	6 - 27 - 86	2 25 M	
	Male	4. RACE BI-	5. DATE OF B	1RTH - 20 - 90	6. AGE (IN YEARS LAST BIRTI	5 YRS.	IF UNDER 24 HRS HOURS MIN	
)	Oxford, N.C	76. CITIZEN OF WHAT COUNTS U. S. A 11. NAME OF HOSPITAL, NUR	MARRIED L.		Prince	George	MD. BUSINESS OR	
)	Largo Md.	(IF NOT IN SUCH EACHLITY, GIVE STI	FORE ADMISSION	argo	Letter Ca	WORKING LIFE) INDUSTRY	1701-	
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)	FIRST	MED FORCES? 166 SOCIAL SI	Sins	Laura	ADDRE	Rutle'd	ge_	
V	(YES, NO OR UNKNOWN) (IF YES, GIVE	508-5	221011	colargo	Rd, Larg	omd.20	ATE INTERVAL	
100	PART I. DEATH WAS CAUSED	D BY: E CAUSE (a) (Coule	carde	in pra	eng for	n-e	SCI AND ACK	
-	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	QUENCE OF	itve b	ide d	nay		
	PART 2 OTHER SIGNIFICANT C							
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH			YES NO	206 IF YES, WERE FINDING IN CERTIFYING CAUSES O YES		
-	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH P.M.	DAY YEAR		RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART ! ORPART ?)	1	
	AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFI	ICE FARM ETC.)	1 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE	
	270 1 certify that (I) (this hair saw the deceased alive above, (I) (we) (did) (did) and 276 SIGNATURE	1	9 Ind t		death accurred on the da	te and have and Iram the co	nat (II (we) last auses stated	
-		PRINT:		ATTENDING PHYSICIAN	MEDICAL STAF	F 6/2	8/16	
/	Drawis th	uders !		Gry Guna	Juliocation	& Beh by	bus	
	BURTAL 24. FUNERAL DIRECTOR	7/5/86	HARMON	ETERY OR CREMATORY	23d. LOCATION CITY OF TOWN LANDOUGH TE REC'D. BY REGISTRAN	2 PG 75b. REGISTRAR'S SIGNATU	Md.	
		ERAL HONE, LA	NDOVER	md. JU	L 9 1986	Julia Dandson-R	indie	

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME DATE KNOWN (TYPE OR PRINT) OF ESTI-FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
D, WITHIN 72 HOURS
W. PRESTON STREET, Jane Lena DEATH MATED 25 19 86 CREA 4. RACE 3 SEX 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED 61 4-27-1925 DEAD Female White TE CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! Prince George's U.S.A. WIDOWED K DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12g USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Housewife Lanham Doctors' Hospital of Pr. Gen. 20716 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 1408 Post Lane, Bowie, Md. Md. Prince George Bowie 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Patrinicola Josephine 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) Santo Ji Crea, Same as 13e 219-18-0110 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per life for (o), (b), and (c). USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE BIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: arcinona, nulas Antraducles DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PENDING PART 2 GINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 CERTIFICATION INER: THIS CONTROLL OF WORLD FOR WARTING THE WORLD FOR CHIEF ME FORWARDED TO THE CHIEF ME TOR: PAGE 3 SHOULD BE USED AS AT THE STATE DEPAREMENT OF HEAT OF THE STATE DEPAREMENT OF HEAT OF THE STATE DEPAREMENT OF THE STATE D 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NO A 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAGER DEATH, WITH THE SITE BALTIMORE, MARYLAND, 2' 220 I certify that I taak charge of the remains described above, held an Autopsy Inspection Notural causes death resulted fram: Accident Undetermined monner 23a BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY 6-28-86 Holy Redeemer Balto., Md. Burial 07/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** rue Dandon Handare (VR A15 ME (5)) Leonard J. Ruck, Inc., 5305 Harford Rd.

deidement afterining.

Lemman J. Buck, Inc., 5 45 Bartord Rt.

21 - 14-1110 Sonto Ji Cres, Supr. 1 4 5

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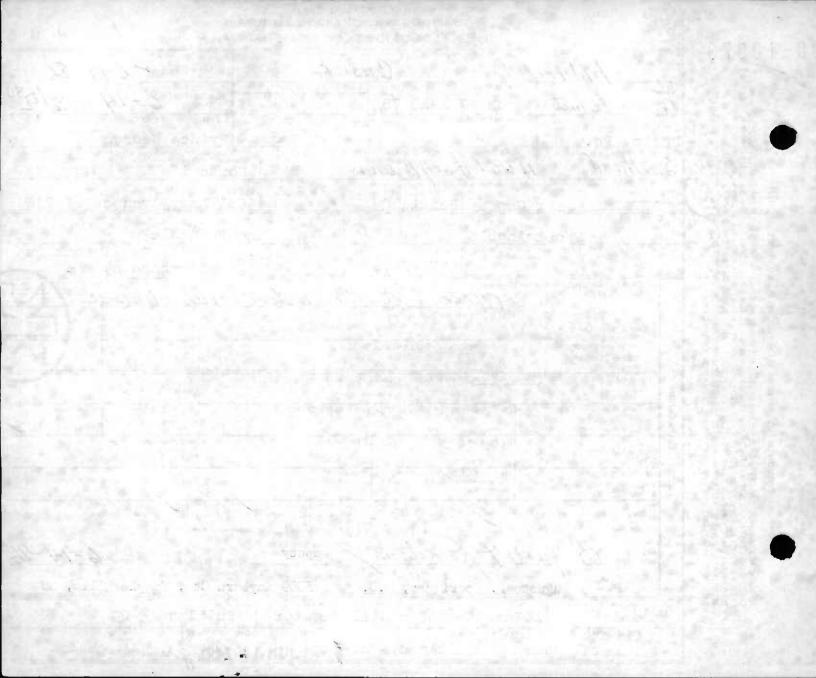
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Washington, D.C. LM GROW MEDICAL CENTER MORNING SIDE Eva Cureton, Sr. Wilson B. 577 50 8479 Marilyn Davis-si

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	NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS V, PRESTON STREET,		REIGN COUNTRY)		rrc a		WIDOW	ED NEVER MARI		minas	C00 200			
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BALTIMORE	E-888	(4	NO, OR UNKNOWN) (IF YE	S, GIVE WAR	OR DATES)	577-42-7	530	David Cu	sick					DI
*	JRS AFTER B. GIVE PA WITH FOR L. PAGES I DIVISION						330			Germa	antown			
T.			18 CAUSE OF DEATH (Er PART I DEATH WAS C	ter anly on AUSED BY:	e couse per linte		1. 1	0. 1	01-			BETWEE	OXIMATE I	AND DEATH
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DIVISION OF	ROED TO SERVING TO SE 3 SHOED	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE			OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION		CITY OR TOWN	CC	YTMUC		STATE
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	H &	70	220. I certify that I took	charge of	the remains alls	rihed abave held on	Autop	y , Inspection		Inquiry .	and in my a	-141		
	EXAMINER: CERTIFICATION OULD BE POPE , WITH THE MARYLAND			Noturol co			vicide			, ,		pinian		
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	MAR. WAR		ACTUAL ON	CHI.3	HY	andres a	2/	Deputy			DATE	ED 6-	121	-91
	SHA SHE		SIGNATURE	7-10	11	co order	~ M	D	MEDIC	ALEXAMINER	SIGN	ED 6	1-7	00
	NO CHE		EXAMINER'S NAME		D D	1 M	D	F000 T	L	C+ 5	r1-	11:11.	. MT	
	TO MEDICAL ES EXECUTE THE CI PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTMORE, M	1				driguez, M					rempre	117778	, PIL	,
	EBC≒∢8	23o.B	JRIAL, CREMATION, REMO PECIFY) Burial			23c. NAME OF CE			23d. LOC	iitlan	d po	MIA	STA	'Md
07/84	BP			TR	June86	Cedar H	1111	Cemetery						Md
25M	DHMH - 17	24. FI	NAME ROBERT E	Wil	helm	uitland,		25e. DATE	REC'D. BY RE	GISTRAR 25b				-
	(VR A15 ME (5))		Funeral	Home	S	uitland,	Md.	ALIN	Don't 10	96 dul	a Davidson	n-Range	Less.	
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		IARYLAND 21201		at the state ofter death. Page 4 may be		the funeral director, page 3	The state of the s	on me mail to rotified of once.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, A

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

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TE OF	DEATH	MONTH		A V	VEAR	of HOLLD	

REGISTRAR		CERTII	ICATE OF DEATH	REG. NO	1
1. DECEASED NAME FIRST	MIDDLE	4	ASY	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(TYPE OR PRINT) Wortl			ggs, Jr.	June 9, 1986	12:50 ₺
3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
Male	White	Jüly	23, 1917 ^{EAR}	68 YRS.	MONTHS DATS HOURS MIN.
7a. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8.	D X NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Pennsylvania	U.S.A.	WIDOWE		Prince George's	County MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU			120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
Riverdale	Le land Memor	•	oital	Tool & Die Make	r Federal Govt.
USUAL RESIDENCE (IF NURSING HOME 136 STATE Maryland			13d. INSIDE CITY LIMITS? YES MO [13 SIREET ADDRESS / ZIP COD Powhatan	Road 20782
14 FATHER'S NAME			15. MOTHER'S MAIDEN NAM		
Worthy Be	rnard Daggs,	Sr.	Grace	WIDDLE	Bittner
160 WAS DECEASED EVER IN U.S.	CUIT 1.11 C CC C. 18101	SECURITY NO.	17 INFORMANT	ADDRESS	
Yes-Army ("W	W.11 DATES) 577-0	9-6727	Marie S. Dagg	gs (Wife) Same a	as #13
18 CAUSE OF DEATH (Enter	anly one cause per line for (a), (b	o), and (c).)	C La COUAL	OA-TUVA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IATE CAUSE (0) HNDX	10 5	ENCEPHALO	DPAIHY	
	DUE TO, OR AS A CONS	EQUENCE OF	100	-0	
Conditions, if any, which	DUE TO, OR AS A CONS	ROA	ARRE	251	
gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS	EQUENCE OF	OCARDIAL	INFARCTION	1
		TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	VEN IN PART 110- P
& ASPIRATION	on pneumon	MIA, U	RINARY TA	RACT INFE	CTION
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
RTIE					ES NO
OR CONTRIBUTION OF THE CONTRIBUTION	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAM)	PEAIII	19			
(IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	rect rape tica	21f LOCATION	CITY OR LOWN	COUNTY STATE
AT WORK NOT WHILE AT WORK	(STOME, SIREET, FACTORY, OF	TRUE, FARM, ETC.)			
220 I certify that (I) (this ha	spital) attended the deceased fr	rom	5, 4, 19 80	2, 10 6, 8.	19
saw the deceased alive above, (1) (we) (did) (did	nat) view the body after death.	.19, or	nd that in (my) (our) opinion o	death accurred on the date and hou	ond from the couses stated
226. SIGNATURE	01		DEGREE		22c. DATE SIGNED
YI	Sim		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6.9.86
224 PHYSICIAN'S NAME (TYP			22e. ADDRESS		
Virender P. S	ingh, M.D.		5632 Annapol	is Road Bladensb	urg, Md. 20710
230. BURIAL, CREMATION, REMOV			EMETERY OR CREMATORY	23d. LOCATION	
Burial	06/12/86	Fort Lir	ncoln Cemetery	Brentwood P.	.G. Maryland

BP.

IMPORTANT: If Hem 21 is marked or Hem

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remave carbain appearing the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

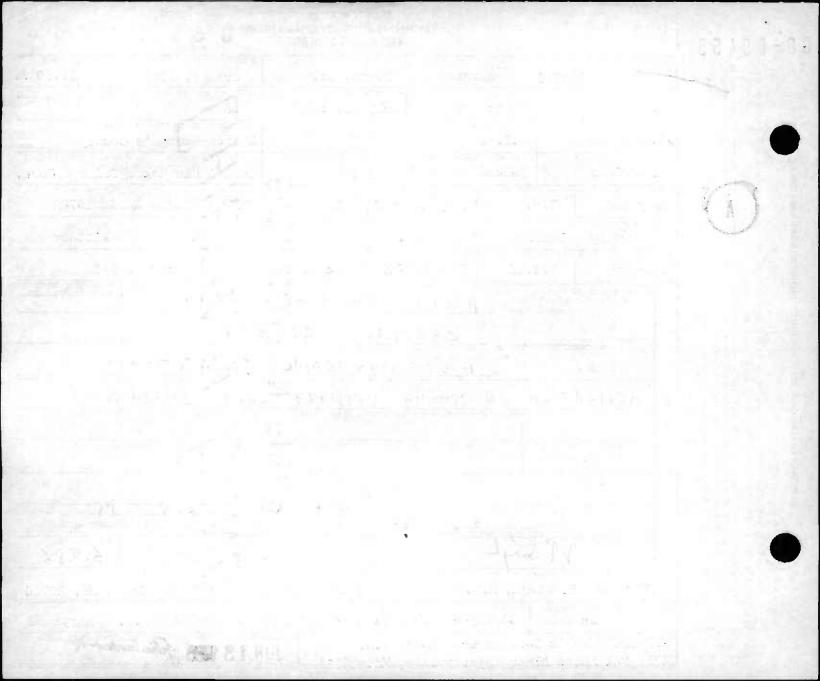
DHMH - 16 60M 7/84 (VRA 15, 4)

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md.

23d LOCATION
Brentwood

P.G. OUNTY Maryland

250. DATE REC'D. BY REGISTRAR 25 DREGISTRAR; SALENDA JUN 13 1286



+	-087	6.8	1-	FOR STATE REGISTRAR			DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYC	SIENE 3 6	o. ,	7	3 5 /
0	oge 3			OR PRINT) RIC	HARD		WIDDLE	DEDI	CLL	20 DATE OF DEATH JUN	20.00	1986	26 HOUR 0540a м
	ge 4 moy ector. pog rs ofter de		3. SE>	MALE		4 RACE WHIT	Ë	5. DATE C		6. AGE (IN YEARS LAST BIRT	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
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102	by the fu	Selection	And	rews A.F.	3.	Malcor	H FACILITY, GIVE STREET A	oddress)	R OTHER INSTITUTION	12a USUAL OCCUPATION OF THE POST OF WORK FOR MOST OF POST MASTER		EL INDUSTRY	govt.
ANDZI	n 24 hou filled in hould be	19	13a. S Ha	waii	NG HOME OR		13c, CITY OR TOWN Honokaa		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / P.O. Box			67279
MAKTE	ompletely ond 2 s	101	I	THER'S NAME FIRST LAWYENCE	1900	MIDDLE	Dede11			lbicker		LAS	
TIMORE	be execu	e medico		VAS DECEASED EVER ES. NO OR UNKNOWN) YES	(IF YES, GIV	WED FORCES? E WAR OR DATES! V. II	166 SOCIAL SECUI		Evelyn	8517 ^R 1 Naher <u>Miami</u>	8W. 1:	37th Av 33183	
JN ST., BAL	h certificate iding physici orbangaper or removal	otic event, th		18 CAUSE OF DEATH PART I. DEATH W	I (Enter an AS CAUSEI IMMEDIAT	E CAUSEY	Ine far (a), (b), and	2/11	AL INFARCTION	Infan	tion	BETWEEN	IMATE INTERVAL ONSET AND DEATH
SIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	by the otten se remove of, cremation,	other troum		Canditions, if ony, gove rise to imm couse (0), stating underlying cause	ediate g the	1 ×	r as a conseque						
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AL RECOI	he low re on. hos beer t permit.	Aug smo	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES ₩ NO□	IN CERTIF	, WERE FINDIN YING CAUSES S	
OFVIT	YSICIAN: T ding physici s certificate burial-transi	Item 18 sho		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	in .	M. MONTH DA	Y YEAR	214. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM TS P	ART I OR PART 2)	, and
IVISION	after this of the burner of th	orked or	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK NOT WH AT WORK	LE 🗍	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC }	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	spital or CTOR: A I for use of Health	21 is mo		certify that (1) saw the decease abave, (1) (we) (d	d alive an	02 001	4 / 19		d that in (my) (aur) apinian	death accurred an the do	/0540 ate and hav		that (I) (we) last causes stated
	y the ho y the ho Ral DIRE detached	7. # Hen		SIGNATURE	am	id	Mus	un'	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		22c DATE 2 J	UN 86
	P m ex	~		22d. PHÝ GICIÁN STVÁ	ME ITYPE O	R PRINT)			22e ADDRESS				5300

TO FUNERA should be de with the Stat 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS MALCOLM GROW MEDICAL CENTER AAFB MD 20331-ANTONIA SILVA M.D. 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION Clinton, Prince George's, MD Cremation June 3, 1986 Lee's Crematory Old Alexander Ferry Rd., Clinton, MD 20735 DHMH - 16 60M 7/84 (VRA 15, 4) 6633

STATE OF MARYLAND

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noy be and be a look be a		CEASED NAME FIRST OR PRINT)	ORGIA	DEN	INIS	2ª DATE OF DEATH MON		26 HOUR 8 50P
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nord directly house	. 15	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTY	MARRIED	□ NEVER MARRIED □	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	MD.
Softer of with full of the ful	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE PGG HOSPITAL	STREET ADDRESS)	CAL CONTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOME MAKE	PRKING LIFE) INDUSTRY	BUSINESS OR
filled in	13a. S	AL RESIDENCE IF NURSING HOME TATE P.CO	or other institution, give residence UNTY 136 CITY OF	NWOTE	3d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIF		20785
ompletely i	G	ther's name first Ba	, MIDDLE LA		Elsie	Harmon	LAST	
Poges		11	ARMED FORCES? 166 SOCIAL GIVE WAR OR DATES)	22-7917	Helen Colbe	ADDRESS PT 7109 East	Lombard St.	Kentlan
prificate by physicial and papers.		18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU IMMEDI		SERS!	'S		21	AATE INTERVAL SET AND DEATH
e death ce attendin move corb nation, or troumatic		Conditions, if ony, which	DUE TO, OR AS A CON	2 NAA	Y MART	INHETTO	~ WE	bus
that the d by the ease related, crem		cause (0), stating the underlying cause last	DUE TO, OR AS A CON	1GM	IC BRAM	184Mars	L 461	2RS
been signe mit. Then ploring to burry, o	VIION	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION SCA BROTT 196. CONDITION FOR V	C	A) PHERA	7 9	ON GIVEN IN PART 110 ALL B. IF YES, WERE FINDING	HAIB
The lo icion.	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		VIIICH OFERATION			CERTIFYING CAUSES (
PHYSICIAN: The ending physicio this certificate the burial-transit ad Mental Hygie d or frem 18 sho	MEDICAL C	OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M. MONTH	19	211 LOCATION	Character of Motor M.	III. II. PART - GREAT 21	
	ME	WHILE NOT WHILE AT WORK	IAT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	9/5	6/24	19 FF - 1	STATE
R ATTEN haspital RECTOR: ned for us spt. of He rem 21 is		saw declaring per- order of the same	on with body offer death.	19 onc	that (thy) (our) openion	death occurred on the date o	ind hour and fom the c	auses stated
the part of the pa		228 PYCS CAN'S YAMS I'VE	PR POWIT	^	ATTENDING PHYSICIA 22: ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	0 6/2	5/8/2
TO HOSPITAL retained by 1 TO FUNERAL should be de with the Stott IMPORTANT	23a. E	URIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME OF CE	METERY OR CREMATORY	23d. LOCATION	COESTE	MM
BP	B 24 FL	URIAL, CREMATION, REMOVA SPECIFY INCRAL DIRECTOR	June 29, 1986	Holy Trin	H Baptist Ce	TAINER TE REC'D. BY REGISTRAR 256.	Virginia REGISTRAR'S SIGNATU	JRE

DHMH - 16 60M 7/84

(VRA 15, 4)

AND LEGICAL VALUE OF STREET DENERAL POTE TO A WELLS Drive Mill 1/23 High Wasse Here MILLE CLEATING PERSONNE PARLACIES PROGRE

	IMPORTANT: If them 21 is morked or them 18 shows day injury, or other troumotic event, the medical matter is the property of the contract of t
	with the State Dept. of Health and Mental Hygiene prior to burnol, cremation, or remaval.
	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and composite that are a transmit director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbonopopers. Page.
	retained by the hospital or attending physician.
-	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be 1
	DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARTLAND 21201

(VRA 15, 4)

218	FOR STATE REGISTRAR				DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	0 0		7 9	1 5 4
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ge 4 mo	3 SE	Male	4. F	White		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.
eoth. Pog		RTHPLACE (STATE OR FOREIG Klahoma	3N 7b.	WIDO		? 8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Prince George's			MD.
Softer	_	ndrews AFB					ospital	RECITEDOSM			SAF
n 24 hou		aryland 136	POPUT G	en institution	GIVE RESIDENCE BEFORE	RE ADMISSION) STHGT	13d INSIDE CITY LIMITS?	133360200562F	K ^{IP} AWe	nue S	E3/
and 2	TI. FA	Jöhn	MIDE	DLE	DEPUE		15. MOTHER'S MAIDEN NA/ Vina	WIDDLE		cFari	and
n on Pog	16a V	VAS DECEASED EVER IN U		D FORCES?	166 SOCIAL SEC 442 18	8919	PATRICIA I	DEPUE	Same	as #1	.3
quires that the death certifical is signed by the attending phy. Then please remove carbonpol to buriol, cremation, or removingry, or other traumatic event	NO	Conditions, if ony, wh gove rise to immedic couse 101, stating to underlying couse to	ich ote	DUE TO, OF	R AS A AGUPTE A CHRON	JECE LYI	MINAL PROCESS.	MIA	DITION GIVEN		IMATÉ INTERVAL ONSET AND DEATH
on. hos been to permit. ene prior	CERTIFICATION	190 DATE OF OPERATION 196 CONDIT			ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, V IN CERTIFY II YES	NG CAUSES	
PITAL OR ATTENDING PHYSICIAN: The by the hospital or attending physicia ERAL DIRECTOR: After this certificate Fe detached for use as the buriol-transit State Dept. of Health and Mental Hygne ANT: If them 21 is marked or them 18 sho	MEDICAL CER	mre	of DEATH (AMINER)	P.J. 21e. PLACE ((AT HOME STR offended th)	M. MONTH D M. OF INJURY REET, FACTORY, OFFICE e deceased from	FARM, ETC)	211 LOCATION STREET 19 d that in (my) (our) opinion of PHYSICIAN ATTENDING PHYSICIAN	CHTY OR TO	wn , 19 ote and hour o	COUNTY Additional of the country of	JUN86
TO HOSPITA reformed by TO FUNERA should be di with the Sto	23n F	22d, PHYSIA		23h DATE	1230	NAME OF C	MALCOLM GROW		TER AN	DREWS	
BP		SURIAL, CREMATION, REM SPECIFY) Burial JNERAL DIRERODET		20Jun			emetery or crematory	C. D. RY BECKERAN			yland.
DHMH - 16 60M 7/84	24 P	NAME Suit!	and	Mary	Im Fundamess	erar	none 150 DAI	E REC'D. BY REGISTRAR	756 REGISTRA		

bode 3

Pages 1 and 2 should be filed within 72

STATE	OF	MARYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. N	10.	-	1	y	6	2.40
ATE OF E	DEATH	MONTH	DAY		YEAR	26 HOUR	2

1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL H	YGIENE R	7 9 6 0
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	1000
L.,	GEORGE T.	01665 Sr	061	786 6:05 AM
J-SE	1 RACE	5. DATE OF BIRTH MONTH DAY YEAR	The fact of the fa	UNDER I YEAR IF UNDER 24 HRS
	Male Black	5 2 10	76 YRS.	
72.34	THELACE ISLAND CHARGE TO CITIZEN OF WHAT COUNTRY	COUNTRY? 8. MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY O	FDEATH
	USA	WIDOWED DIVORCED [O CORBLESSO
10 C	ITY OR TOWN OF DEATH 11. NAME OF HOSPIT	AL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
C	LINTON Southe	IN DID HOSPIL	4 LTruck Operator	
	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE) 136. CIT	TY OR TOWN 134 INSIDE CITY LIMITS		
M	.1 102.	perMarl, YES NO	11008 Croom Ro	ad 20772
14 E4	THER'S NAME FIRST MIDDLE	15. MOTHER'S MAIDEN		A LAST
K	obert Henry L	iggs Liza	Fleet	Adams
	VAS DECEASED EVER IN U.S. ARMED FORCES? 16b SO	OCIAL SECURITY NO. 17 INFORMANT	- 12001 Winds	
	218.	-10-4361 Geo. Digg.	S. Jr. Upper Marlbo	
	18 CAUSE OF DEATH (Enter only one cause per line far	(o), (b), and (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	0515		2 weeks
		CONSEQUENCE OF .		
	Conditions, if ony, which (b)	lebitis		2 weeks
	gave rise to immediate	CONSEQUENCE OF		
	underlying cause lost			Softable Towns
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN	IN PART 1/a
CERTIFICATION	Aspiration preum	onis Multiple 5	trokes brings	-ytm tom Section
CA	190 DATE OF OPERATION . 196. CONDITION FO	OR WHICH OPERATION WAS PERFORMED	20a AUTOPSY2 20b. IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?
RTIF			YES NO YES	□ NO □
	218. ACCIDENT WAS UNDERLYING 216. TIME OF INJUR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MG	RY 21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
CAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M.	19		
MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJU	JRY 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
>	WHILE NOT WHILE AT WORK	OKT, OFFICE, I NAM, ETC.)		
	220.1 certify that (1) (this hospital) attended the decea		6, 10 June 16, 19	6 , that (D(we) lost
	saw the deceased alive on 11 he abave, (1) we) (did) did not view the bady ofter de	eath. (aur) opini	an deoth occurred on the date ond hour o	nd fram the causes stated
	22b. SIGNATURE	DEGREE		224 DATE SIGNED
	Kong M. Janston	MA ATTENDING PHYSICIAN		6/17/86
	22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e. ADDRESS	,	
	Ronald Land man MG	9440 Pe	nosalisanis Are	Vecertalhas
23a. E	BURIAL, CREMATION, REMOVAL 23b. DATE	23c. NAME OF CEMETERY OR CREMATOR		10 mg
	Burial 20 Tunes	86 STSIMANS CH CE	M Croom P.G	OUNTY STATE
24. FI	JNERAL DIRECTOR	70.0173	DATE REC'D. BY REGISTRAR 25b. REGISTRA	
7	Wartell adams) (ADDRESS Md Gg	JUN 23 1986	widom produke

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the off-should be detached for use as the buriol-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to burial, crematial

injury, or other tra

IMPORTANT: If Item 21 is morked or Item

(VRA 15, 4)

BP.

Type or print Richard Earl Disney S. Date of Birth Day Year April 16,1909 Married Never Married Part New Married Never	SUAL OCCUPATION OF WORK FOR MOST OF WORK Laborer REET ADDRESS / ZIP. 1537 Greenb MADDLE MAY 378ES 61	JOSE JOSE JOSE JOSE JOSE JOSE JOSE JOSE
REGISTRAR 1. DECEASED NAME FIRST MIDDLE LAST 2e. DA White S. DATE OF BRITH DAY YEAR April 16, 1909 1. BIRTHPLACE (STATE OR FOREIGN DEATH DAY YEAR April 16, 1909) Washington, D.C. USA WIDOWED NORCED NORCED DOOR IN WIDOWED NORCED DOOR IN SUCH EACHTY (BY WE STREET ADDRESS). 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSHING HOME OR OTHER INSTITUTION TOWN DEATH TOWN DEATH DISPLAY OF TOWN TOWN TOWN THE STREET NAME FIRST SHAME IS STATE OR ON THE STREET STREET NAME FIRST SHAME IS WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) PYES, GIVE WAR OR DATES) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) PYES, GIVE WAR OR DATES) 181. CAUSE OF DEATH (Enter only one cause per line for Io), (b), and Ic) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CONDITIONS ONLY WHICH GOVERNOR DEATH BUT NOT RELATED TO THE TERMINAL DISPLAY. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPLAY. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPLAY.	TIMORE CITY OR COLOR OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK LABORES / ZIP B537 Greenb MADDLE MAY 378ES 01 North	WIND OF BUSINESS OR INDUSTRY CODE 20770 Parks CODE 20770 CODE
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Male Male	TIMORE CITY OR COLOR SUAL OCCUPATION OF WORK FOR MOST OF WORK Laborer REET ADDRESS / ZIP B537 Greenb MDDLE MAY 378ES 01	WONTHS DAYS HOURS MIN. YRS UNITY OF DEATH LOR GIFE AD. WIND OF BUSINESS OR INDUSTRY Parks CODE 20770 Delt Rd. Apt.101 Thomas d Bayview Rd., East. Md.
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Toom to the course of the cour	May 378 501 North	Thomas d Bayview Rd., East. Md.
16b. SOCIAL SECURITY NO. 17 INFORMANT 17 INFORMANT 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) 18 PART I. DEATH WAS CAUSED BY: 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) 19 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) 19 DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF UNDERTO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI	378 Sol	d Bayview Rd.,
(YES, NO OR UNKNOWN) NO 18 CAUSE OF DEATH lEnter only one couse per line for IO1, (b), and IC1. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse Io1, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI	, North	East. Md.
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI	*	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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o here to here the sures	eder t	Lutent
190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. YES 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (EN	AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
YES	NO	YES NO
210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	NTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
The independence of the property of the proper		
216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK AT WORK		. /
220.1 certify that (1) (this haspital) attended the deceased from	6/30	, 190 C , that (I) (we) last
WHILE NOT WHILE (AT WORK AT WORK) 270. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death.	occurred on the date on	nd hour and from the couses stated
22b. SIGNATURE DEGREE		22c. DATE SIGNED
ATTENDING MED PHYSICIAN DIREC	CTOR PHYSICIAN	7/1/86
PHYSICIAN DIRECTION DIRECT		MD. 20748
MEHR DAD MUSTAAN 4235 28114	AUE TIE	moll- HILLS
23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 123d.	LOCATION	/////
Burial July 2,1986 Fort Lincoln	Brentwood	Maryland STATE
		EGISTRAR'S, SIGNATURE

Irs. Still Still 316 ashin ton, D.C. 765 1910 8.1 'arriand Frince lecture's interbelt 2537 Green elt vo. 1,1.194 James Morlin Disney Ida Pay Phones 376 Old Mayview Sc., 217-26-9360 Tho es A. Tisney, Torth Kest, K. Drentwood, 'argland hurisl July 2,2198 Fort Encoln

Clin L. Molesworth, L. . . Jacascus, C.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEI

S . 3	REG.	NO.	Buckey	1	7	5	2
a. DATE OF	DEATH	MONTH	20	8C		11:2	-
105			15.1	INDER LVE	4.0	IE HAIDED	24 MBC

1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D	1 1	0 4
TYPE	OR PRINT)		middle ene	DE	OTY	16. DATE OF DEATH	6 20	86	11:20 FM
3. SEX	F	4. RACE	HITE	5 DATE C		6. AGE (IN YEARS LAST BIRT)		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN
C	RTHPLACE (STATE OR FOREK DUNTRY) New York	76 CITIZEN	F WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF			MD
1	TY OR TOWN OF DEATH	/ 11. NAME C	F HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET	ADDRESS)	Spital	120 USUAL OCCUPATE TYPE OF WORK FOR MOST O Duality C	ON F WORKING LIFE)	12b. KIND O INDUSTRY	Glasses
USU/ 13a. S	AL RESIDENCE (IF NURSING			ADMISSION)	13d. INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS 9600A. HO		20	urt 7
	THER'S NAME FIRST Edward	MIDOLE	Smith		IS. MOTHER'S MAIDEN NAMER Trene	MIDOLE		nknow.	
		J.S. ARMED FORCES YES, GIVE WAR OR DATES NA	? 166. SOCIAL SECU 076-05-		Darlene S A 9600A. H. om	estead Ct		rel,	
	Conditions, if ony, will gove rise to immedicouse (a), stating	CAUSED BY: MEDIATE CAUSE (o) DUE TO nich (b)	KESBIAI	HTOP NCE OB	Y FAILURE TRULTIVE PU	LMONARY	Disensi		MATE INTERVAL OMSET AND DEATH
CERTIFICATION	SE 1615	GAST	CONTRIBUTING TO E ROINTEST NOTION FOR WHICH	INAL	BLEENING N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
	216. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR	OF INJURY A.M. MONTH DA	YEAR	21c. HOW INJURY OCCURE				
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME	CE OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC.]	211. LOCATION STREET	CITY OR TOW		COUNTY	STATE
	220. I certify that (1) (thi sow the deceased a above, (1) (we) (did)	live on	6/70 199		on that in (my) (our) opinion	death occurred on the de		and from the	
	22b. SIGNATURA	aladu			ATTENDING PHYSICIAN	MEDICAL STAI		6/20	186
	22d. PHYSICIAN'S NAME	SMACHA	-00		321 PR	INLE GEOR	26E 5	- LAS	relmy

236 BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

COUNTY

STATE

BP. DHMH - 16 25M

(VR A 15 (4)) 9/74

FOR

37 4

injury, or other troumotic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony

24 FUNERAL DIRECTOR

Crematory Laurel PG Maryland
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE.

JUN 2 4 1986 June Parkers Maryland

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.					- 1

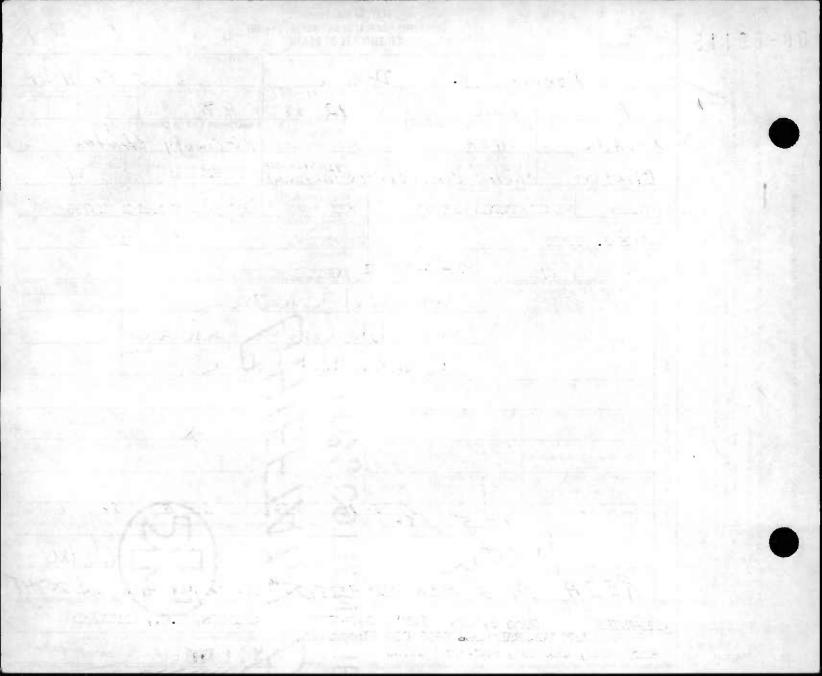
5	1.	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.	, ,
		CEASED NAME FIRST	WIDOFE		AST	20. DATE OF DEATH	MONTH DAY YEA	AR 26 HOUR
	-	Noen	na M.	De	Rliac	6	5 86	11:20PM
1	3. SE	X	4 RACE	S. DATE C	OF BIRTH 41-12-1888	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
/		F	Can	4	12 88	98	YRS.	ATS THOUS MIN.
10		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEAT	H
3		VEVANA	USA	WIDOW		PG Count	Ly Christ	MD.
1	10. C	OL LECT	11. NAME OF HOSPITAL, NURSI		1 9211 Stuarth	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOMEMAKE)		ND OF BUSINESS OR
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10		ATHER'S NAME	a Ground Critivion	V	15. MOTHER'S MAIDEN NA		I LAN E Z	0733
159	7	JOHN J. MARTIN	MIDDLE		ANNA	MIODLE	UNK	LAST
0	16a V	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE		
medico			E WAR OR DATES)			CORDS	4	
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e t		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE QE	h + C	1		
ar ather	12	underlying couse lost	(c) CO	zeit	chil E	rluce-		
	-	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	₹T 1(0)
injury.	CERTIFICATION							
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1	RTIF					YES NO	YES	№ □
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ed or	MEDICAL	21d. INJURY OCCURRED	21s. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNT	Y STATE
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É			tal) attended the deceased from.	6	-21 19 86		3 1986	, that/(I) (we) lost
121			t) view the body ofter death.	86,0	nd that in (my) (our) opinion	death occurred on the de		-
. If hem		22b. SIGNATURE	lute		DEGREE ATTENDING PHYSICIAN	MEDICAL STAR	FF _ //	C 86
Z-/		224 PHYSICIAN'S NAME TYPE O	PRINT)		220. ADDRESS	DIRECTOR DITTOL	-	0.100
MPORTANT:		KEZA	MOSTAKN	ME	4235 28th	are Temph	e Hills 1	44 20748
3	23o. I	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		

DHMH - 16 50M 4/82 (VRA 15, 4)

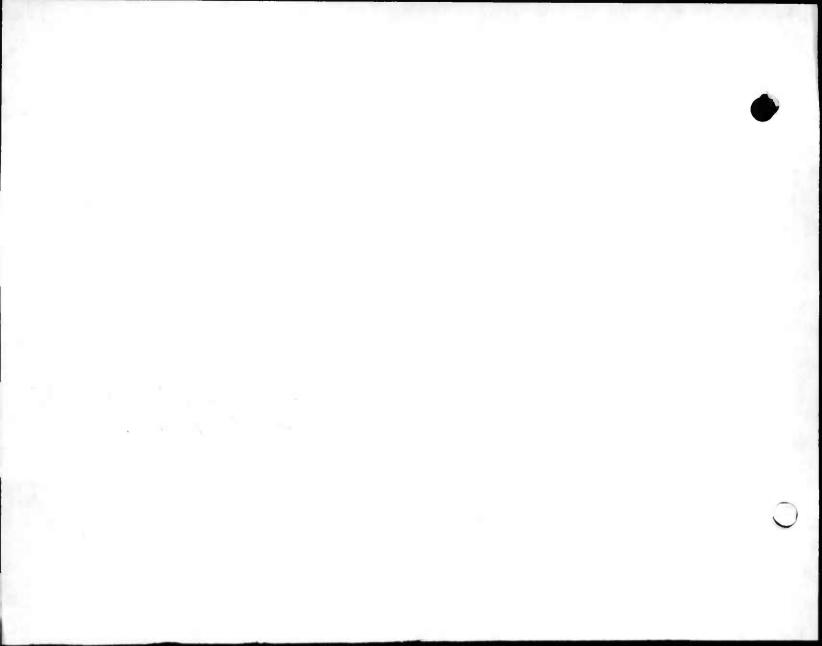
CREMATION CREMATION June 6,1986 LEE'S CREMATORY
74. FUNERAL DIRECTORLEE FUNERAL HOME 6633 OLD ALEXANDER

CLINTON, P.G., MARYLAND

Ferry Road, Clinton, Maryland 20735



CERTIFICATE #86-17965



-10883	1	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6	17966
e con .		ECEASED NAME VIRST	AN H.	DYSON	6 DATE OF DEATH ADMIT	2686 6.34 M
ge 4 may ge 4 may n atter d	1 15	MACE	RASLACK	S. DATE OF BIRTH	6. AGE (INVERSIAST BRINDAY)	DAYS HOURS MIN,
22 John 1972	14	IRTHPLACE (STATE OR FOREIGN 7) COUNTRY)	U.S.A.	B MARRIED X NEVER MARRIED WIDOWED DIVORCED	PRINCE C	JINTY OF DEATH
	The	CHNTON	1. NAME OF HOSPITAL, NURSIN NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) ADDRESS) ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR
	130	STATE STATE ATTENDED STATE		N 136. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	
MARYL and without and 2 at	80	ATHER'S NAME FIRST M Ed ward	Dyson	15. MOTHER'S MAIDEN NA	me ephine	Carter
IMORE, ond co Popel	27	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATES)	0-0910A Mary Ett	a Dyson	Same as 13e
ST., BALI milicate i physical emoval event, (**)		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		5 PULMENAR)	ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce otherding over carb feart, or r	-	Canditians, if any, which	DUE TO, OR ASA CONSEQUE	REE - GRAND	-MAL.	
that the doy the east remain oil, cremain or other tr		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS ACONSEGU	MEREMIA.		
ORDS, 20 requires or to burn y injury, o	NOIL	Chapmical	nal tailure	DEATH BUT NOT RELATED TO THE TERM	dels, Ceson	aryanslase
ALRECT The law Con. Con. Con. Con. Con. Con. Con. Con.	AMIN	19 Parts of Operation Bulkeval Arrys	Jahan 90	OPERATION WAS PERFORMED	YES NO NO	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES
SICIAN ng physical contribution anto Hyper hem 18 y	gran de	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXXMINER)	P.M.	AY YEAR	RED (ENTER NATURE OF INJURY IN ITE	m 18 PART OR PART 2}
NG PHY offer this or the bis	MEDIC	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	C/1/100	CITY OR TOWN	COUNTY STATE
TTEND pinal o TOR o for use of Head		22a.1 certify that (I) (this haspital saw the decensed above an	6/25/8610	, and that in (my) (***) apinion	death accurred on the date an	d haur and fram the causes stated

23b. DATE

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

SANJEEB

MISHRA

CHALLES PROFESSIONAL

BOX 22 CENTER

230. BURIAL, CREMATION, REMOVAL Burial

6/30/86

231 NAME OF CEMETERY OR CREMATORY Charles Memorial

DEGREE

23d LOCATION
CITY OR TOWN
Gardens Leonardtown

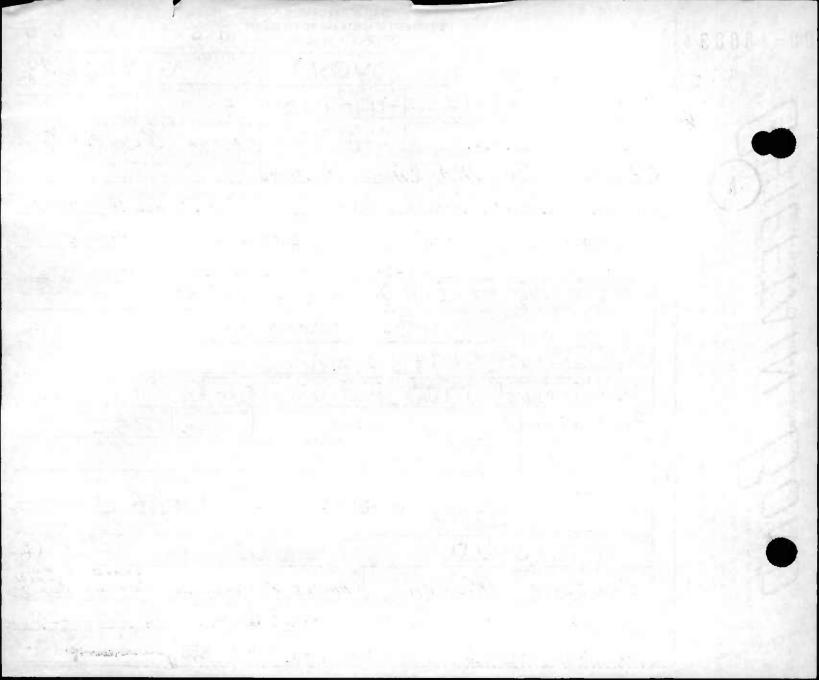
St.Mary

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

W. Clarke Mattingley Leonardtown,

Md.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN DE 626 LEVIN OF PERIOD OF ESTI-DEATH MATED 2d HOUR DATE 626 LAST BIRTHDAY DAY NOUNCED DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED PARYI AND WIDOWED ONSTRUCTION 13d. INSIDE CITY LIMITS? M FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE EDWARDS ERNON 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO INFORMAN ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (o), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY 140117 EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN FENCIL IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER AT FOUREAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT AFFRENCENT, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL BALTIMORE, MARYLAND, 21201 PROR TO BURIAL, CREMATION OF REMO Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 10 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME AT WORK AT WORLE STREET, FACTORY, FARM, ETC. STREET CITY OF TOWN STATE COUNTY 220 I certify that I taok charge of the remains described above, held an Inspection X and in my opinion Hamicide death resulted from: Natural causes Suicide Undetermined monner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE STATE BURIAL Howard 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRA **DHMH - 17** (VR A15 ME (5)) LAUREL MI

Kanna - an Edition of the second of the s M. D. Flored States Line and S. S. 149 M. Dr. Life Co. of Line Level de la constitución de la c 20 141-3 Sold Extended The arrange A top

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Medical Examiner Notified & Released

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by expecuted within 24 hours retained by the haspital or attending physician.

BP	
DHMH - 16 60M 7/84	
(VRA 15. 4)	

1					E OF MARYLAND					673
FOR STATE REGIS	TRAR		DEPARTI	CERTIF	EALTH AND MENTAL HY	5	REG. NO.	1/	9 5	ර *
1. DECEASED		A	NIDDLE	ł	AST	20. DATE O	F DEATH MON	NTH DAY	YEAR 26 HO	DUR
2,		rge	E.		wards, Jr.		ne 12,		100	19 FM
3.5EX		4 RACE	1	5. DATE C		6 AGE (IN	YEARS LAST BIRTHDA	Y) IF UNDER	DAYS HOUR	DER 74 HRS
10	Male	Whit	e	Augu	st 19, 1911	7	4	YRS .		
COUNTRY	CE (STATE OR FOREIGN Ington D.C.	U.S.A	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED X			ge's Co		MD.
Rive		Leland	Memoria	ADDRESS)	or other institution	(TYPE OF WOR	OCCUPATION RK FOR MOST OF WO inist	PRING HEEL INDI	Vy Yar	
Mary	land P.G	OTHER INSTITUTION, NTY	ISC CITY OR TOW Mt. Rai	e admission) /N nier	13d. INSIDE CITY LIMITS?	13e STREET 3316	ADDRESS / ZI Buchan	P CODE an Stre	et #30	2 207
FATHER'S		MIDDLE	LAST		15. MOTHER'S MAIDEN N		WIDDLE		LAST	
/ G	eorge E	Iwood	Edward	s, Sr	Gertru	de	MIDDLE		Harr	У
Ing. WAS DEC	EASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	JRITY NO.	17_INFORMANT		ADDRESS		Nichol	
No	EASED EVER IN U.S. AI	IVE WAR OR DATES	Unavaila	ble	Mildred V. 1	Hickox	(Sister) Hyatt	sville	, Md.
NOIL	OTHER SIGNIFICANT				NOT RELATED TO THE TER	20a AUT	OPSY? 20	ON GIVEN IN P	AUSES OF DE	ATH?
71a AC	CIDENT WAS UNDERLYING	71b. TIME O	F IN II IRY		21¢ HOW INJURY OCCU	YES	ИО 🔀	YES	NO	
00.00	TRIBUTING CAUSE OF DE	110110 4	M. MONTH D.	AY YEAR	ZIE NOW MOJORI OCCO	KKED (ENIERN.	ATORE OF INJURY IN	IIEM IS PART I OR	*ART 2)	
	HER, NOTIFY MEDICAL EXAMINE	P./		19	21f LOCATION					
WHILE AT WORK			EET, FACTORY, OFFICE	FARM, ETC.)	STREET		CITY OR TOWN	COL	YINTY	STATE
		otol attended the	ducaged from	MA	47 10 21	2 10 3	UPE I	2_ 10 2	6 that ((we) lost
3141	ertify that (I) (this hasp in the choosing alone or	A DESCRIPTION OF THE PERSON NAMED IN COLUMN		36	nd that in (my) (our) opinio	n death accurre	ed on the date of		,	
22b, S10		of view the body	offr death.		DEGREE				DATE SIGNE	
-	MIL	11	1	20	ATTENDING	MEDICAL	STAFF PHYSICIAN		June 12	100
22d. PH	YSICIAN'S NAME (TYPE	1	0	<i>y</i>	22e. ADDRESS	DIRECTOR	PHYSICIAN		Julie 12	190
R	ichard J. F	eldman.	M.D.		9500 Annapo	lie Dd.	. #4-2 1	anham	Manuela	bac
	CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATOR			Destiller	ridi y Lo	IIIG
(SPECIFY)	Burial	06/16/			ncoln Cemete	CITY	ntwood	P.G.	Mar	yland
24 FUNERAL	DIRECTOR				25a D	~	REGISTRAR 256.	REGISTRAR'S S		, Land
F. Gas	ch's Sons	F.H. P.A	. Hyatts	ville.	Marylandil	1.0 10		12 201 - 2014	11	
					THE PERSON NAMED IN	10	99 /			

Cdummen, Jr. June 12, 1994 Prince America July Tolling I Metatatu manhich che Marie D. Stormer Diegotombing Park D. British The se seed to the see of the

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P. Chender on M.P. L. Syntheville, .arrived

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00-10	174		REGISTRAR EASED NAME FIRST	Harry	MIDDLE S.		rmantrau	36.02.14	of some or service of the service of	7 1745	TOTAL COLUMN
			OR PRINTS	110,11,1		C1.	- B	, OF ESTI	+ .		840
D. A.	NET THE	1 SEX	121	IS ONTE OF BURTH	A AGE (PI 18	UNDER TYPE	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	DEATH MATED	wiel	11000	630
PLEA	STI	2.060	11	MONTH DAY	YEAR LAST BIRTHO	ATT MONTHS DAYS	HOURS MIN.	PRONOUNCED		17.	1841
13	200	/	u w	Van	12/3/2	65.		9. BALTIMORE CITY	2017	10 4	PUM
A REA	BER-		THPLACE INTATE OF	IN CHIZEN OF W	MAT COUNTRY?	MARRIED N	EVER MARRIED	V. BALTIMORE CITY	DRCOUNTYO	DEATH	
(英語	10	10.00	Maryland YOR TOWN OF DEATH	U.S.		WIDOWED [DIVORCED L	Frinc	e Ge	pVa	e Mo
> 1	世紀つ	W.C.	OR TOWN OF DEATH		ISPITAL, NURSING HOMI	CIR COTHER INSTIT		USUAL OCCUPATION (THE OF MOST OF WORKING (#E)	TOT WORK TIZE	OR INDUST	NA PILMERO
10 30	A REAL	1	ive/dalo	Le/2	nd Man	- No3	10. 5	Salesman	Ha	rdwar	2
1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	NEGO PER CONTRACTOR OF THE CON	13a 51	ATE TILLCO	JNTY	The CITY OF TOWN		CITY LIMITS? 134: 5	STREET ADDRESS	110	085	40
AND AND	E8805	1	17 /200	calger.	1. Circ	of States	NOLID	824	6854	1-1:	
MD TH	-NS// N	H. FA	THER'S NAME	WEDLE	LAST	IS MOTE	HER'S MAIDEN NA	ME MODEL		LASE	1877
OKA SES	- A. F. O' 1		seph	В.	Ehrmantrau		leverta	-		ewart	
PA ER			AS DECEASED EVER IN U.S. A LING OR UNKNOWNS LIFE YES O	ARMED FORCEST	166 SOCIAL SECURIT	Y NO. 17. INFO	MANT	ADDRES	5		
S AFTER DE GIVE PAGI	MEDICAL EXAMINER ALONG WITH FOR AS A BURIAL-TRANSIT PERMIT. PAGES ALTH AND MENTAL HYGIENE, DIVISION CREMATION, OR REMOVAL.		No No	ne	578-14-44	97 Eliz	abeth J.	Ehrmantraut	(Wife)	Same	as#13
	MIT PAG		18. CAUSE OF DEATH (Enter	anly one cause per lir	ne far (a), (b), and (c).)	0	,	7		APPROXIMATE	INTERVAL
ON ST	ALONG IT PERMI IYGIENE, IOVAL.		PART I DEATH WAS CAU	SED BY: IATE CAUSE (a)	Chara	ic Com	26 45	renz.			
W. PRESTON ST., WITHIN 24 HOUF	ALC MYGI			DUE TO, O	R AS A CONSEQUENCE	OF	1				
PRE III	AL AL FEN		Canditians, if any, whi gave rise to immedia								
× ××	EXAMINER (AL - TRANS) O MENTAL FON, OR REA		cause (a) stating the und		R AS A CONSEQUENCE	OF					
2 ES	ON ALEX	6	lying cause last.	(c)							
DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING". IN P	E MEDICAL D AS A BUR HEALTH ANI L, CREMATIC		PART 2 DTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ION GIVEN IN PART 1 (6)				
0 3 30	NED!	O	Nane.								
ULD ULD	유민보기	CERTIFICATION	190. DATE OF OPERATION	196. COND	ITION FOR WHICH OPER	ATION WAS PERFO	RMED?		21	B AUTOPSY	,
VITAL RE SHOULD ORD "PE	CHIEF E USED TOF HI URIAL	TIF	Mors							YES X	Nath
OF V	MEN SEN	E	210 EXTERNAL CAUSEWAS	21b. TIME C	DE INJURY M. MONTH DAY YEAR	21c. HOW INJUR	Y OCCURRED (EN	TER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	11-11-11	
ONO FICA	50 XX	¥	UNDERLYING OR CONTRIBUTING CAUSE C			`					
VISIO	SEP PE	MEDICAL	214 INJURY OCCURRED		OF INJURY (AT HOME.	211. LOCATION STREET	1/11/	CITY OR TOWN	COUNTY		STATE
D NE	ARD SOI 201	2	AT WORK AT WORK		CTORT, FARM, ETC.)	SIREE		CHTORIOWN	COUNTY		STATE
E 1	FORWARDED TO THE TOR: PAGE 3 SHOULD B THE STATE DEPARTMEN AND, 21201 PRÍOR TO B		226. I certify that I took ch	arge of the remains d	escribed above held on	Autopsy .	Inspection	, Inquiry . o	nd in my opinio		
N S	DIRECTOR: WITH THE WARYLAND,	11		atural couses 🛃,					na in my opiniai		
EXAM	WITH WITH		deam resoned from: 140	inural couses 2.5 ,	Accident L., St			determined manner,			
20	SHOULD SATH, WI		ACTUAL	0/150)	4-0	(SPECIFY)		DATEIN	4-17	19£
2 ×	3 8 2 8 T		SUMME OF STREET	10	1		W . W	MEDICAL EXAMINER	SIGNED_	1	115
WED	TESEX	/	EXAMPLET'S NAME Dr.	John S. I	Rogers	ADDRESS.	1919 Ser	minary Rd. S	ilver S	net na	Ma
TO ME	PAGE 4 SHOU TO FUNERAL ATTER DEATH BALTIMORE, M	73u 8t	RIAL CREMATION, REMOVA			METERY OR CREMA		LOCATION	Total March		Marie T.
		12	Burial	June/23/8	Seal Seal	oln Cemet			COUNTY		ME Committee
25M	THE SEC. NO.		INERAL DIRECTOR			our cemer	25E DATE REC'D	rentwood P.	G. CO.	Mary	Land
	HMH - 17 A15 ME (5))	Che	mbers Funeral	Home Riv	verdale, Mar	brefv	JUN 2	3 1986 Pulla	-Curiciania		
(****	(-//		Charles of State of Charles	attended attach	or derrol right	J. M.Chine					

STATE OF MARYLAND FOR STATE REGISTRAR DEPA

			3444 1 0	Minn		
RTMENT	OFI	HEALTH	AND	MENTAL	HYGIENE	
CEI	RTII	FICATI	OF	DEATH		

8	6	1	7	9	7	0
0	REG. NO.					

_	REGISTRAK				RE	G. NO.				
1	1. DECEASED NAME FIRST	WIDDLE	l	AST	20. DATE OF DEA	TH MONTH DAY	YEAR	2b. HOUR		
	Willia Willia				June	16,1986		4:45 A M		
	3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LA		UNDER TYEAR			
	Male	Caucasian	Jan	. 26° 191′5°	71 YRS. MONTHS DAYS HOURS MIN.					
7	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	OUNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH					
	Washington, D.C.	U.S.A.	WIDOWE	D DIVORCED						
į	10 CITY OR TOWN OF DEATH	 NAME OF HOSPITA (IF NOT IN SUCH FACILITY, 		OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY					
1	Lanham	Doctors' Ho	ospital of	Pr. Geo. Co.	Pipe Fi	Pipe Fitter Construction				
100	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b COUR Maryland Prir	other institution, give residuty 13c, CITY	OR TOWN Riverdal	136 INSIDE CITY LIMITS? CYES A NO [13e STREET ADDR 5801 Rit	RESS / ZIP CODE ttenhouse	Stre	eet20737		
	14 FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME					
	Geroge F.	Engel	LAST	Bessie	L.	Snov	N LA	AST		
	160 WAS DECEASED EVER IN U.S. AR		CIAL SECURITY NO.	17 INFORMANT	A	DDRESS				
	(YES, NO OR UNKNOWN) (IF YES, GR	577	-03-8643	Evelyn L. Green Same as 13						
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART									
		CONDITION GIVEN	INTAKIII	10						
	190. DATE OF OPERATION	19b CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIN	NG CAUSES	INGS USED S OF DEATH?		
	CO COLUMNIC CO CAUSE OF OF	UH .	ONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE O	IF INJURY IN ITEM 18 PART	I OR PART 2)			
	GIFETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTO		211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE		
	22a I certify that (I) (this hosp sow the deceased alive ar above, (I) (we) (did) (did no			nd that in (my) (our) opinion	deoth occurred on	the date and hour o		, that (I) (we) lost couses stated		
	22b. SIGNATURE	for h		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF HYSICIAN		16/86		
	THE PHYSICIAN'S NAME (1991)	M MAINTS .		77e ADDRESS P. O. Box 626						
	Leon R. Levit	sky, M.D.			and Ave., Riverdale, Md. 20737					
	23a BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY						

DHMH - 16 60M 7/84

injury, or other troumotic event, th

IMPORTANT: If Hem 21 is morked or

retained by the hospital or

BP.

TO HOSPITAL

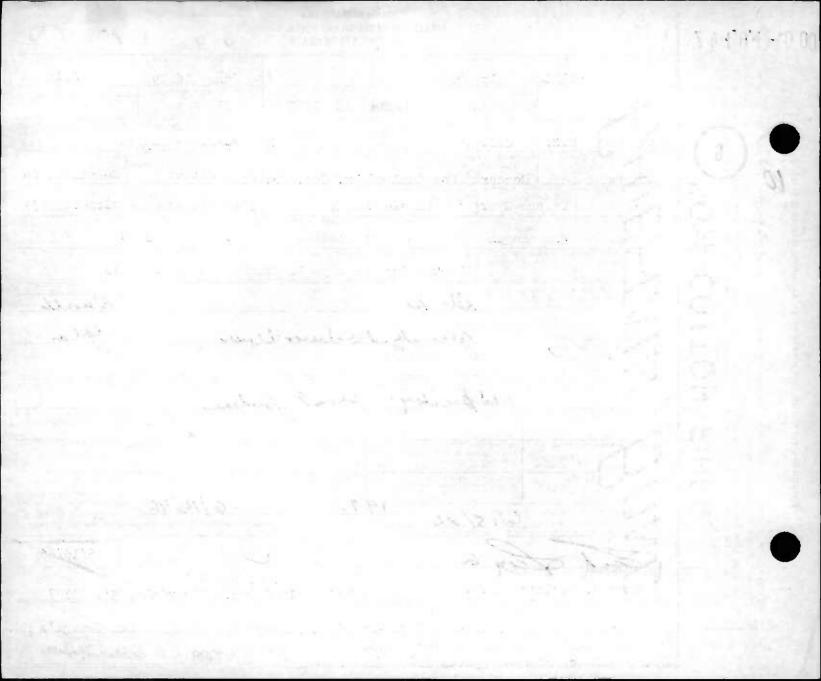
Burial 6/19/86 Fort Lin
4 FUNERAL DIRECTOR
Francis Gasch's Sons Funeral Home, P.A. (VRA 15, 4)

6/19/86

Fort Lincoln Cemetery Brentwood prince George's Md.

250 DATE REC'D BY REGISTRAM 135 REGISTRAM'S SIGNATURE

110 Md. 20781 JUN 23 1986 Julia Davidson Andres

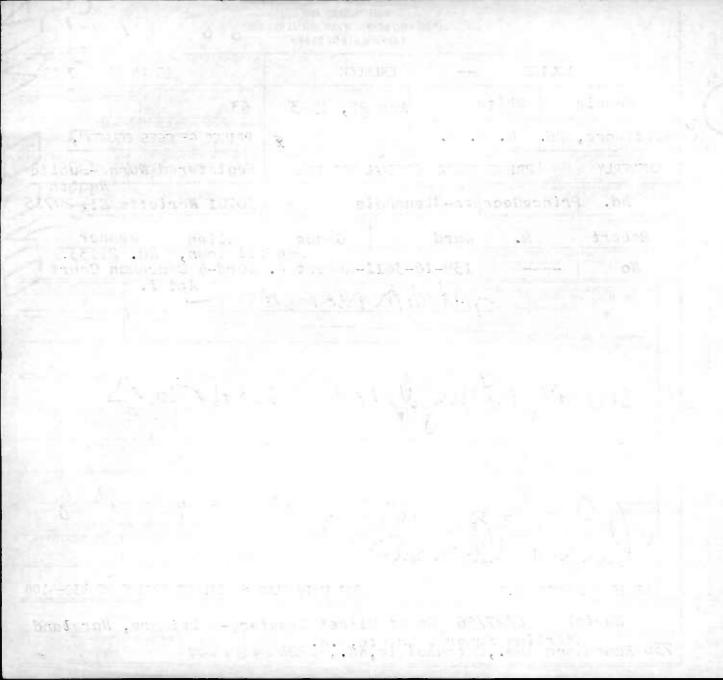


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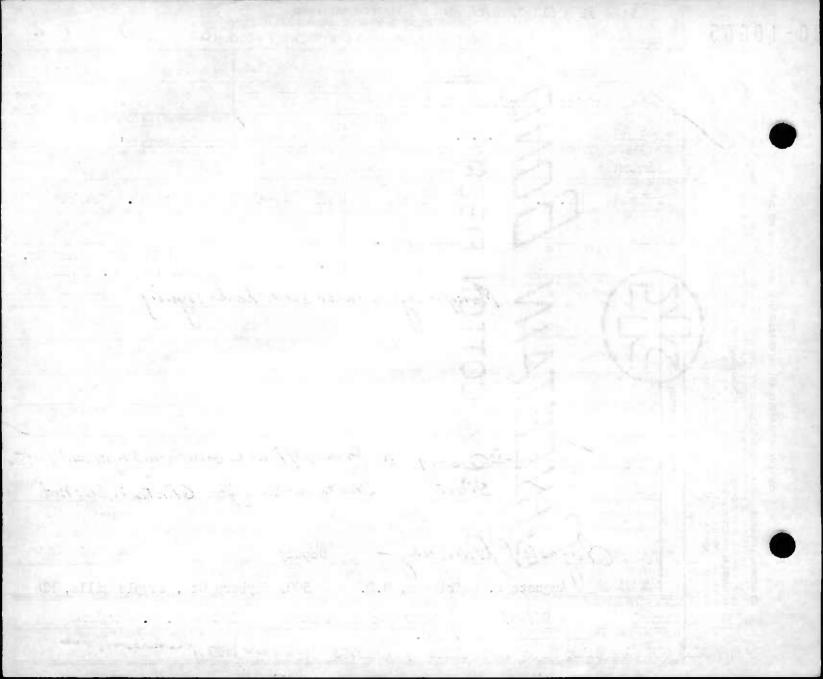
may be

	1-	STATE REGISTRAR			EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 5	0.				
	1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) LOUISE ——				BECK	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR 7 05A M					
	Female White			5. DATE O	27, DAY 1923	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.					
3		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8.	NEVER MARRIED	Y , MD.					
14	0	TY OR TOWN OF DEATH CHEVERLY		AL, NURSING HOME C	L HOSPITAL	126 USUAL OCCUPATION 126 KIND OF BUSINESS OR THE WORLD STEEL O					
6		AL RESIDENCE (IF NURSING HOME OF	CeGeorges	SIDENCE BEFORE ADMISSION) ITY OF JOWN G-GLENNDA	134 INSIDE CITY LIMITS?	13 STREET ADDRESS	rietta St	. 20715			
00	14 FA	Robert		i rd	Grace	Allen	Weave				
1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI			17. INFORMANT Rand	. Ward-4 C	Coachman C	ourt			
		18. CAUSE OF DEATH (Enter or PART). DEATH WAS CAUSE IMMEDIA	D BY TE CAUSE (a)	ANAM	MAG	V AD	Ot I. APPROBLETWEE	DXMATE INTERVAL N ONSET AND DEATH			
	MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate course (a), stating the underlying cause last.	(b)	CONSEQUENCE OF							
a		PART 2. OTHER SIGNIFICANT	run	OR WAICH OPERATIO	MM	20e. AUTOPSY?	MA IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED			
9		21e. ACCIDENT WAS UNDERLYING CONCENSUITING CAUSE OF DE OF CONTERBUTING CAUSE OF DE OF BUTHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. M	RY IONTH DAY YEAR	21c HOW INJURY OCCU	RRED (INTER-NATION OF PAUL	YES []	NO []			
		214 INJURY OCCURRED		TORY, OFFICE FAMILETC	ZII, LOCATION	6/14	58	statt			
		27s.1 certify that (1) this bace saw the decemed alort or obser (1) (we) (did) did to Nb. SION of DRE	010	eath.	d that in my (our) apinio	AGRES 053	27L DAT	that (we last be couse stated TE SIGNED			
1		22d. PHYSICIAN'S NAME (TYPE	DR PRINT)	M	ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STA	IAN []				
1		LEWIS H DENNIS				VD E SILVER	SPRING MD	439-4100			
		BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 6/27/86		emetery or crematory livet Ceme	CITY OF TOWN	imore. Ma	ruband			
84	24 FL 7	JNERAL DIRECTOR Ster 36 MEdmondson			P. A 250 D	TE REC'D. BY REGISTRAR UN 25 1986	25b. REGISTRAR'S SIGN.	ATURE			

STATE OF MARYLAND



- 1 (605		Item STATE	#1 G 61	7 7/24/86	DEPARIM	ENT OF HEAL	MARYLAND IH AND MENTA	279		1 7	97	2
10	1003		REGISTRAR CEASED NAME	FIRST		MIDDLE	XAMINER'S	CERTIFICAT		DATE KNOWN		DAY YEAR	26 HOUR
	Make #	EDITO									19 86		
	A STREET	3 SEX	/ 4 F	RACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. I IF UNDER 24 HRS 2c.					DATE	MONTH	DAY YEAR	2d HOUR
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•		70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland			U.S.A. S.A. S.A.						orge's	OFDEATH	MD
	S S S S S S S S S S S S S S S S S S S	Clinton			II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SOUTHERN MARYLAND HOSPITAL						YPE OF WORK	26 KIND OF BE OR INDUST N/A	
21201	AND 3 PERAIN SECOND SEC	13a S	L RESIDENCE (IF II ryland	T3b COUNT P. G	ROTHER INSTITUTION, G TY	Upper Mari		T3d. INSIDE CITY LIME		woodyard	Rd.	20772	
MD.	TOWN TO	14. FA	THER'S NAME		WIDDIE	LA	ST	15. MOTHER'S M	AIDEN NAME	MIDDLE		1AST	
	See See		rtis	Ray		Etienn	e. Jr.	Erika		Vida		Robb	
BALTIMORE	RE AFTER COVE PARTY FOR WITH FOR PAGES 1 DIVISION	16a V	VAS DECEASED EVES NO. OR UNKNOWN)	VER IN U.S. ARA	AED FORCES?		AL SECURITY NO.	Dr. Dav	id Robb			ch View 20735	
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	SECOND SECOND		death resulted f	ram: Natur	al causes	Accident 4	, Suicide L	, Hamicide L		nined manner	J.		
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	MEDICAL SECURE		EXAMINER'S NA	ME Aug	usto P. R	Rodrigu	ez. M.D.	_ADDRESS_5009					MD
	PATO PATO	23a.B	URIAL, CREMATIO	N, REMOVAL 2	36 DATE	23c. NA	ME OF CEMETER	OR CREMATORY	23d. LOCA	ATION	COUNT		STATE
07/84	BP		rial		6/24/86			n Cemeter			G. Mar	yland	Trans.
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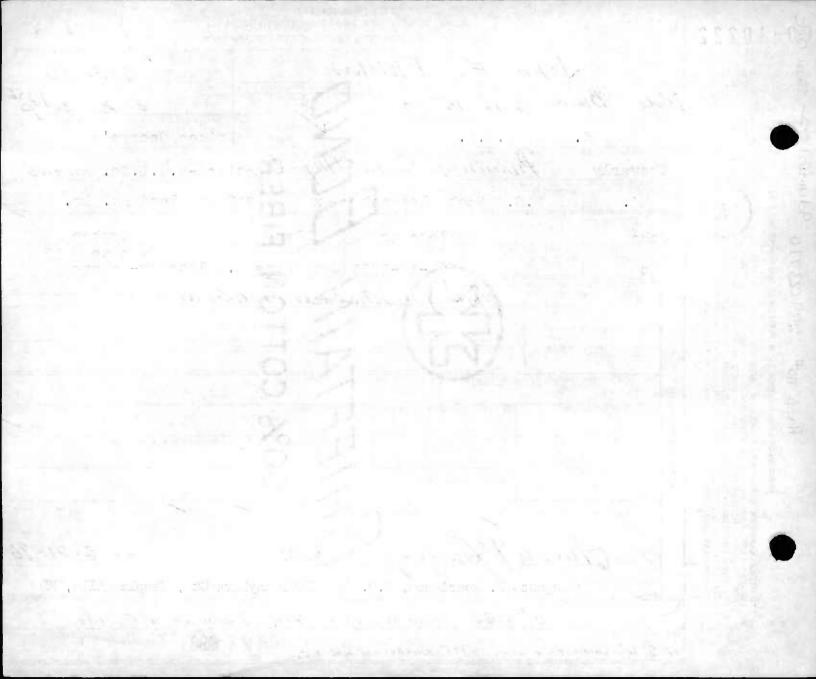


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME DATE KNOWN 76 HOUR (TYPE OR PRINT) DEATH MATED X Katheryn E. Farris 6/26 19 86 AGE (IN YEARS IF UNDER 24 HRS. 8:50 2c. DATE LAST BIRTHDAYS YEAR PRONOUNCED 19 86 A. M Aug. 5, 1912 73 DEAD **Female** White Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED United States WestowVirginia Prince George's County WIDOWED [DIVORCED & O CITY OR TOWN OF DEATH OR INDUSTRY U.S. Gov't 3310 Buchanan Street, #101 Secretary Mt. Rainier 13e. STREET ADDRESS 13d. ENSIDE CITY LIMITS? 3310 Buchanan Street, #101 Prince George's Mt. Rainier Maryland NO [] 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Farris Solomon Joseph Mary 233-07-0044 Ramon A. Farris/1218 Lyndale Dr. 17. INFORMANT 16b. SOCIAL SECURITY NO No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). IRD "PENDING" IN PENCIL IN ITEM 18.

"HIEF MEDICAL EXAMINER ALONG WISED AS A BURIAL- TRANSIT PERMIT.
OF HEALTH AND MENTAL HYGIENE, PRIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. None 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CERTIFICATE SHOULD SITING THE WORD "PE ED TO THE CHIEF A E 3 SHOULD BE USED. E DEFARTMENTOF HE. NO X None 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR None CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION TO MEDICAL EXAMINER: IHIS CER PECCUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: BAGE 3 S AFTER DEATH, WITH THE STATE DEF BAETIMORE, MARYLAND, 21201 FF STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK Inquiry X 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection Natural couses X death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIFY) Deputy SIGNATURE 1919 Seminary Road John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, MD 23g BURIAL, CHIMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Washington 7/9/86 Olivet DC Burial Mt. 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 - REGISTRAR'S SIGNAURI 24. FUNERAL DIRECTOR **DHMH - 17** Murphy Funeral Home AT11ndton VALVd. (VR A15 ME (5))

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REG. NO REGISTRAR DECEASED NAME 20 DATE KNOWN IN (TYPE OR PRINT) DEATH MATED IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DE. To BIRTHPLACE (STATE OR VEVER MARRIED FOREIGN COUNTRY) Prince George's U.S.A. Md. DIVORCED . WIDOWED 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS II. CITY OR TOWN OF DEATH M NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Retired-W.G.L.Cd. courses Cheverly USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY Seat Pleas 13d INSIDE CITY LIMITS? 130 STATE Maryland Pk. leasant YES X Md. NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Ellen Contee Fletcher John 17. INFORMANT ADDRESame as # 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Catherine G. Fletcher- above 579-18-2731 18 CAUSE OF DEATH (Enter only one cause per light far (a), (b), and (c). lens poliestre Cardis voscedor deserre BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO, OR AS A CONSEQUENCE OF Conditions, if pny, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 190 DATE OF OPERATION 28 AUTOPSY? DEPARTMENT OF T PREDR TO BURIA YES [NO 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME 211. LOCATION 21d INJURY OCCURRED STATE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 7 Inspection Inquiry 220. I certify that I took charge of the remains described above, held on Autopsy and in my ppinion Hamicide ________ Accident Suicide L Undetermined manner death resulted fram: Natural couses DATE 6-21-86 SIGNED 6-21-86 Deputy MEDICAL EXAMINER EXAMINER'S NAME VAugusto P. Rodríguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD (TYPE OR PRINT) BURIAL CREMATION, REMOVAL 236, DATE HARMONY MEM. PARK LANDOVER; 07/84 24 FUNERAL DIRECTOR DHMH - 17 H.S. WASHINGTON + SONS 4925 BURROUGHS AVE ME (VR A15 ME (5))

STATE OF MARYLAND



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	1.	FOR STATE REGISTRAR			DEP		FEALTH AND MENT		0 0	1	7 9	7 5
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The state of the s	11la.	AL RESIDENCE (IF NURS	134 COUNTY	HER INSTITUTION			H3d. INSIDE CITY LI. YES X NO		3e.STREET ADDRESS /			2443
3	Ro	bert Past	L.	OLE	Fredê	rick	15. MOTHER'S MAI Thelma ^{irst}				Staf	fel
P		WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRE	SS		
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morning and mornin	1000	210. ACCIDENT WAS UND OR CONTRIBUTING	AUSE OF DEATH	21b. TIME OF HOUR A./	W. MONTH	L-DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 P	ART 1 OR PART 2)	
ond the poor	MEDICAL	21d. INJURY OCCURR	RED	21e PLACE	OF INJURY	FFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TO	wN	COUNTY	STATE
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AL DIREC Setsched one Dept. T. If Nem		b. SIGNATURE	· A	Tew the body	oper depth.	771	DEGREE	NDING	MEDICAL STAI	F	22c. DATE	
O FUNER tould be the St		22d. PHYSICIAN'S NA	ME (TYPE OR PR	Gra	rcé	MÓ	22e. ADDRESS	700	Pisca	700	207	Rel
099	100	BURIAL, CREMATION,		July 2	, 1986		EMETERY OR CREM		Suitiand	Princ	e Georg	ge's Md.
H - 16 60M 7/84	200	i ial Paldirector I Old Alexand	ee Fun	eral H	ome, I	nc.		25o. DAI		25b. REGIST	RAR'S SIGNAT	TURE
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	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL F ICATE OF DEATH	IYGIENE 8	Ó	1 7	1 9	1 6	
		CEASED NAME FIRST	MIDDLE D	ULEY	FUR BANG		REG. NO	C . G		26. HOURI	0.19
	3. SEX	Male	4. RACE White	5. DATE O	DE BIRTH YEAR		YEARS LAST BIRTH	YRS	UNDER I YEAR	IF UNDER 24	HRS MIN.
	Ň	RIHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76. CITIZEN OF WHAT COUN	TRY? 8 MARRIE WIDOWE	D NEVER MARRIED	PA	ORE CITY OR	800	160		MD.
1	(LINTON	11. NAME OF HOSPITAL, NU	ILAND	HOSPITAL	Electi Inspec	coccupation of the terms of the	working life)	IZB. KIND O INDUSTRY Utili	Power ty Co	OR
,	Ma Ma	TATE 1136 COL		TOWN	13d. INSIDE CITY LIMITS YES NO X	11313	ADDRESS /		pad/20	772	1
)		Ernest	D. Furga	ang	Blanche		MIDDLE E		ner .		
		Yes W	WII. 577-05	o), and (c).)	Mary Margan	,	sarie U	3 Mary oper Mary	artbor	Rd., O.Md.	2077
	5	Conditions, if ony, which	DUE TO, OR AS A CONS		ocardial 1	n force	/12		5	day	
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-	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AU YES	TOPSY?	20b. IF YES, IN CERTIFY! YES	NG CAUSE	NGS USED S OF DEATH	?
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	BEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER	NATURE OF INJUR	Y IN ITEM 18 PAR	TIORPART2)		
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O		211 LOCATION STREET		CITY OR TOW	VN	COUNTY	STA	TE
		saw the deceased alive on obove, (1) (worldhid) (did i	pital) attended the deceased from 600 on 600 ofter death.	.19 <u>86</u> , a	nd that in (my) (aux) opin	, 10	red on the do	te and hour	_		
		22b. SIGNATURE William 22d. PHYSICIAN'S NAME (17P)		int ,	DEGREE ATTENDINI PHYSICIAI 22e ADDRESS	MEDICA DIRECTO	STAF OR PHYSIC		6	686	MD.
	23c P	WILLIAM DURIAL, CREMATION, REMOVA	FURST	23, NAME OF	11701 K	VINGST	CATION	0 /01	FT	WASH	NLION
	(:	Burial JNERAL DIRECTOR	6/10/86		ham Veterans	Com Ci	registrar				TE
	Ri	chard A. Colen	nanUpper Mar	iboro, l		JUN 22	1 1986		ar s signa	- Janois Be	p00

Richard A. Coleman---Upper Mariboro, Md.20772
Funeral Home

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP



10837	1	FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	HENE 8 6	17977
* 04 9 * 9		LRene	L	Failagher	20. DATE OF DEATH	6-20-86 11:4
ge 4 may	3.58	Female (auce sia	5. DATE OF BIRTH O	6 AGE TIN YEARS LAST BIRLE	MONTHS DAYS HOURS MIN.
beeth Po	10	Wash oc	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NOVEL NO	9 BALTIMORE CITY OF	
20	101	hatsville R	Guell Ma	G HOME OR OTHER INSTITUTION LODGESS) LOCKIES LA HOME	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF HOUSEWILE	
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1650	C	hades ?	Beiss	15. MOTHER'S MAIDEN NA	MIDDLE	Ledave
The execution of the ex	2	WAS DECEASED EVER IN U.S. ARMEI IYES, NO OB MUKNOWNI _ [IIF YES, GIVE W.				n Same as 13
N ST. BAL drig physici arbon poper or removal.		18. CAUSE OF DEATH (Enter only of PART). DEATH WAS CAUSED B	Renai	ntory West		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTO or the deat by the atten- cemotion. other traym.	1	Conditions, if ony, which gave rise to immediate course (o), stating the underlying cause lost		Ation Preumonia		
Man pleas bury, are	NON	PART 2 OTHER SIGNIFICANT COM	(c) NDITIONS CONTRIBUTING TO [DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR COND	DITION GIVEN IN PART 110
The state of the s	THICATI	1% DATE OF OPERATION	CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} \text{NO } \bigcirc \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
OFVITA CLASS 1 CONTROL	CAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	y in item 18 part 1 Or Part 2)
WISION offer this of the man the but the end man	MEDIC	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	211. LOCATION STREET	CITY OR TOV	
UTENDO onal or CTOR: At for use o of Health		22a.1 certify that (1) (this hospital) saw the deceased alive on obove, (1) (we) (did) (did nat) v	5/26/86 19	3 - 27 - 85, 19, and that in (my) (aur) opinian	ta 6/7º/86 death occurred on the da	ite and haur and from the causes stated
		22h SIGNIATURE		DECREE		224 DATE SIGNED

Burial, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Suttland Pr. Geo. Mary.

Burial June 23.1986 Codar Hill Cometery Suttland Pr. Geo. Mary.

24 FUNERAL DIRECTOR Francis J. Collins, Jr. 25b. DATE REC'D. BY REGISTRAR 25b 23d. LOCATION CIPORTOWN STATE SUITLAND Pr. Geo. Maryland (VRA 15, 4)

22e ADDRESS

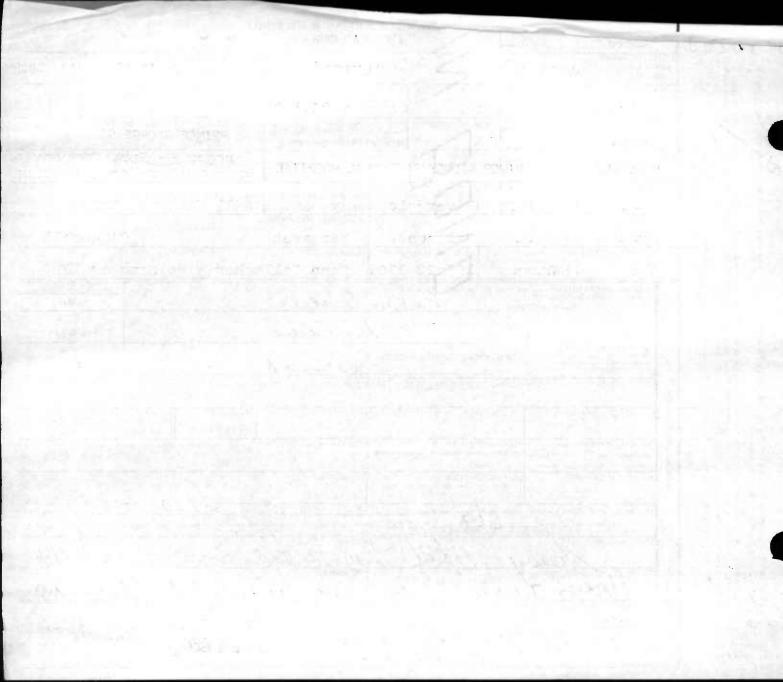
ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN PHYSICIAN

DHMH - 16 50M 4/83

TO FUNERAL DI should be detail with the Stone De

(VRA 15, 4)

STATE OF MARYLAND



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STATE OF MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

Gate of Heaven Cemetery

RP DHMH - 16 60M 7/73 (VRA 15 (4))

shoul with

Chambers Funeral Home Riverdale, Maryland

23b. DATE

23a BURIAL, CREMATION, REMOVAL

(SPECIFY)

Burial

24. FUNERAL DIRECTOR

23d. LOCATION

CITY OR TOWN

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Grina Dayson Bordalle

4404 Queensbury Road, Riverdale, Md.

Hawthorne, New York

2b HOUR

12h KIND OF BUSINESS OR

Private Home

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Three weeks

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STATE

20781

Donnally

Sudden

Unknown

YES [

COUNTY

86

22c DATE SIGNED

June 29, 1986

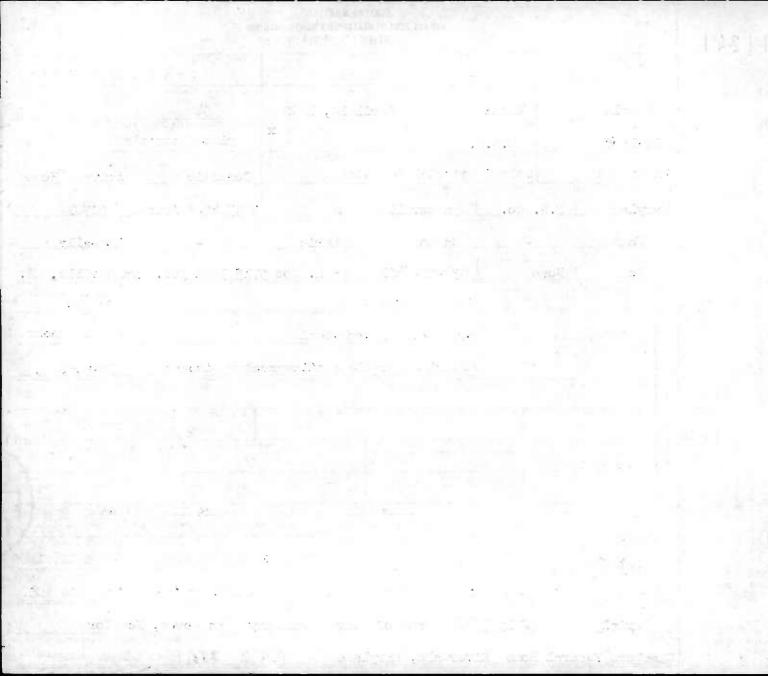
STATE

IF UNDER 1 YEAR

INDUSTRY

6:14 a.

IF LINDER 24 HRS



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIGDLE 20 DATE OF DEATH Mortimer b Geary 4 RACE 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY 3. SEX April 1898 Male. Caucasian 88 To. BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIEDXX NEVER MARRIED Washington D.C. Prince George's USA 0. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Police Officer 14922 Cherrywood Drive Washington D.C. Laurel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
136 COUNTY
138 CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Prince Goo aurel Maruland 114922 Cherrywood Drive 20707 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME

J	ames	Geary			Flynn
	WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UNKNOWN) (IF YES, GIVE W.	AR OR DATES)	17 INFORMANT LIUCILLE GEARI	ADDRI 1 Same As A	ESS
	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	one cause per line for (a), (b), and ici, I by. CAUSE (a)	ARRE	57	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONTEQUENCE OF A			
N N	PART 2 OTHER SIGNIFICANT COM	nditions <u>contributing</u> to death but	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110
RTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
EDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	21c. HOW INJURY OCCUR!	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
MED	21d. INJURY OCCURRED WHITE NOT WHITE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	
1	270 I certify that (I) (this haspital) saw the deceased also an above (I) are ideal (diction)	offended the deceased from 19.34, or	nd that in (my) (our) apınıanı	ta 6 44 death accurred on the di	. 19 . that (we) last ate and hour and from the causes stated
	I SUNDA	men MD	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSIC	

22e ADDRESS

June 7,1986 Gate of Heaven Cemetery Silver Spring Montgomery Md.

23c. NAME OF CEMETERY OR CREMATORY

1420 Laurel Park Dr. #221 Laurel, MD 20707

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

Julia Davidson- Asopte 18.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

whould be detached with the State Dept APORTANT, If hern

22d, PHYSICIAN'S NAME (TYPE OR PRINT)

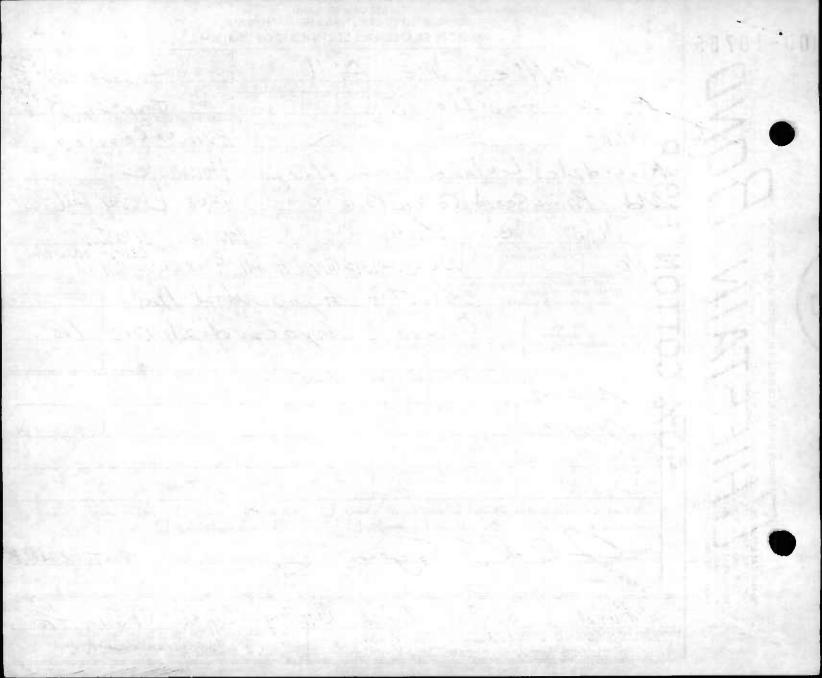
Burial

230 BURIAL CREMATION, REMOVAL

Gregory A. Compton, M.D.

Francis J. Collins Jr.

500 University Blud. West Silver Spring, Md.



STATE OF MARYLAND

- STAT	TE ISTRAR			DETAKIA		ICATE OF DEATH	8	REG. NO		/	7	O	3
DECEASE TYPE OF PRIN		FIRST		MIDDLE	L	AST	20. DATE O	F DE ATH "	HIMON	DAY	YEAR	2b HO	UR
THE ON PRIN	VI)	MOLLI	E	Α.		GLUTH			06	21	86	1:3	20рм
SEX			4. RACE		5. DATE O		6. AGE IN	YEARS LAST BIRTH	IDAY)		ERIYEAR	IF UNDE	
FEn	nale		White	9	June	70 7070		68	YRS	MONTHS	DAYS	HOURS	MIN,
	ACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMO	ORE CITY OR	COUNT	Y OF DE	ATH		
uit]		Md	USA		WIDOWE		PRIN	CE GE	ORG	ES (COUN	JTY	MD.
. CITY OR	TOWN OF	EATH	11. NAME OF	HOSPITAL, NURSIN	G HOME O	R OTHER INSTITUTION	12a. USUAL	OCCUPATIO	N	12b.	KIND OF		ESS OR
CL	INTON		SOUTHE	RN MARY	LAND	HOSPITAL		asewid			wn]	Hom	е
SUAL RES	IDENCE (FN	13b COUN	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	113. STREET	ADDRESS /	ZIP COL	\E		1.9	
	cyland			Suitlan		YES NO		Diar			ve	20	746
FATHER'	FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE	WIDDIE			IAS		
5	Samue.		MIDDIE	Soper		Éva	2.00			So	per		
	OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRES					
	VO	1,7 123, 0.0	t was on Dailes)	215-26-	0776	John R Glu	th	5	Same	as	#1	3	
18 C	AUSE OF DE	ATH (Enter or	nly one couse per	line for (a), (b), and	dieur						APPROXI BETWEEN C	NATE INTE	RVAL D DEATH
P	ART I. DEATH		ED BY: TE CAUSE (0)	Cardiac	Arre	st, Medias	tiual	Lymp	hom	a			
				R AS A CONSEQUE								7	
Con	ditions, if o	ny, which		eptsis	1402 01								
gov	re rise to i	mmediate)			K-A TOTAL							
	erlying coi		DUE TO, O	r as a conseque	NCE OF								
PART	1 2 OTHER SI	GNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	SE OR COND	ITION G	VEN IN	PART 1:e		
5													
190 D	ATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUT				E FINDIN		
0	6-13-	86	Lym	phoma			YES 🗍	NOM		ES	CAUSES	OF DEA	
,	ACCIDENT WAS		21b. TIME O			21c. HOW INJURY OCCUR	RED (ENTER N	ATURE OF INJURY	IN ITEM 18	PARTIOR	PART 2)		
	ONTRIBUTING		-1171	M. MONTH DA M.	TY YEAR								
21d II	NJURY OCC	JRRED	21e PLACE			21f. LOCATION		CITY OR TOW	rh)		UNTY		STATE
JIHW AT WO		WHILE	(AT HOME, STE	REET, FACTORY, OFFICE, FA	ARM, ETC.)	La Co		4 0					318/2
22a. l	certify that	(I) (this hosp	ital) attended th	e ceosed from_	0.6	1986	, to	6. 1	D	. 19 🗴	6.	hot (h	(we) lost
	ow the dece		d) view the body	AU 19	6 . on	d that in (my) (our) opinion	death accurr	ed on the dot	e and ha	ur and I	rom the c	ouses sf	toted
	HE NATURE	1	200		10	DEGREE				22	C DATE	SIGNED	0
L	Male	all	Grot	relle	X21.0	ATTENDING PHYSICIAN	MEDICAL	STAFF			6.	21	·86
	PHYSICIAN'S				. , ,	22e ADDRESS	,				-	1	-6
3	921 F	errar	a Park	, Silver	r Spr	ing, MD 1	Dr. M	. Ser	eme	tis			
a BURIAL	CREMATIO	N REMOVAL	23h DATE	23r N	IAME OF C	EMETERY OR CREMATORY	123d 1OC	ATION					

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be filed within 77-hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be retained by the haspital or attending physician.

injury, ar other traumatic event, the medical

ony

IMPORTANT: If Item 21 is marked or Item 18 shows

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 26June86

Md Veterans Cemetery

Cheltenham

PG Md

24 FUNERALDIRODERT E WII NAME Funeral Home Wilhelm

Suitland, Md.

JUN 24 1900 Julia Dender Condess

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST GO CMAN 5 DATE OF BIRTH

20 DATE OF DEATH MONTH June

1, 1986

7h HOUR 8:25

72

6. AGE (IN YEARS LAST BIRTHDAY)

9 BALTIMORE CITY OR COUNTY OF DEATH

REG. NO

IF UNDER I YEAR # UNDER 24 HRS

MONTH March 19, 1914 White Female

USA

MIDDLE

S.

76. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

DIVORCED

NOF

15 MOTHER'S MAIDEN NAME

Prince Georges (TYPE OF WORK FOR MOST OF WORKING LIFE)

Homemaker

13e STREET ADDRESS

176 KIND OF BUSINESS OR INDUSTRY Own Home

35019

Prince Georges General Hospital Chever' v 13d. INSIDE CITY LIMITS?

136 COUNTY 13r CITY OR TOWN Hollywood Ma

MIDDLE

Evelyn

4 RACE

TUELYN

Hellman 166 SOCIAL SECURITY NO

Fannie 17 INFORMANT

YES T

ADDRESS

1410 S. Ocean Dr.

Perry

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST No

052-01-9679

David Goldman, 11800 Beekman Pl. Potomac, MD

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)

DUE TO, OR AS A CONSEQUENCE OF THEW WING SITT

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DERACRAMIAL PRESURE

Conditions, if onv. which gove rise to immediate couse (b), stoting the underlying couse lost.

FOR

- STATE

DUE TO, OR AS A CONSEQUENCE OF

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CONDITION FOR WHICH OPERATION WAS PERFORMED

STREET

20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO Q

710. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY HOUR AM. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M

YEAR 19 211 LOCATION

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

STATE

STATE

NOT WHILE 22a. | certify that (I) (this hospital) attended the deceased from

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

sow the deceased alive on above, (I) (we) (III) the pot) view the body after death 226 SIGNATURE

230 BURIAL CREMATION REMOVAL

DEGREE

22e ADDRESS

ATTENDING /MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

6/2/86

23c NAME OF CEMETERY OR CREMATORY

73d LOCATION Miami, Fla.

COUNTY

22c. DATE SIGNED

Burial/Transit

236 DATE

21e PLACE OF INJURY

Mt. Sinai Cemetery

CITY OIL TOWN

24 FUNERAL DIRECTOR JOSEPH Sawler's Sens, Inc. Wiscensin Ave, NW, Washington, D.C. 20016

DHMH - 16 50M 4/82 (VRA 15, 4)

1986 8:250	June 1	nam fo	٠٠	a. J. A	
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9.00001.00	lando & Open	x	Doows,1.Coll		.22.
T. T.	and que	9	dellann		cotsi
1, Fotomo, M.	n, IISO Beeld	erg - David Colima	?-10-\$?o	some seller damp	οV

6/2/30

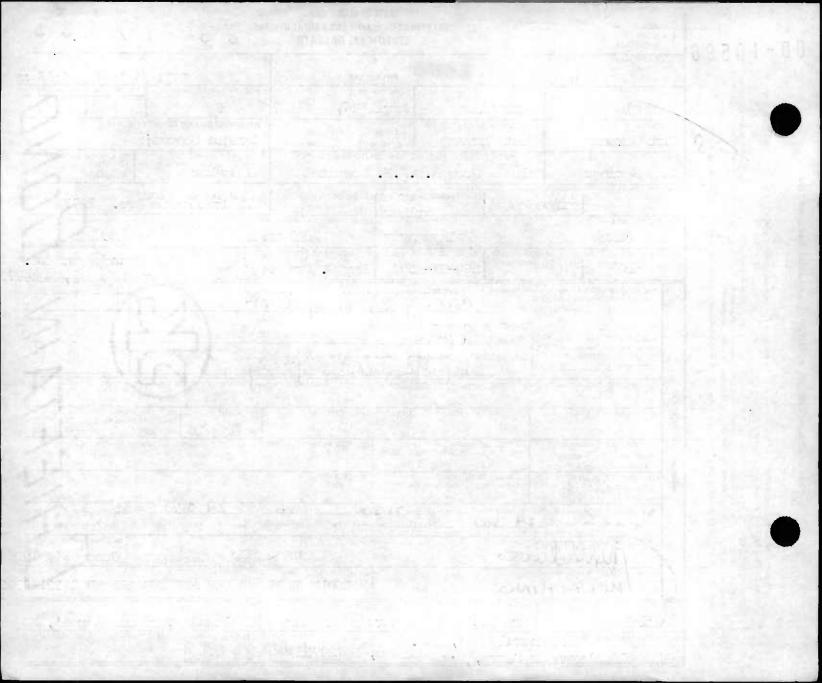
Surial/Promott 5/3/85 Me. winet Cemetery Minet, tha.

Joseph Gawler's Sons, The. 5130 Maconsia Ave, NW, Weshington, D.C. 2015 Haronsia Ave, NW, Weshington, D.C. 2015

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH JUNE BEDA GRAHAM 1. RACE DATE OF BIRTH April 26. 1937 Caucasian 49

TYPE OF PRINT 24 1986 4:28 Mam 3. SEX IF UNDER TYPAR Pemale O. BIRTHPLACE (STATE OR EOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED West Germany West Germany Prince George's WIDOWED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR Malcolm Grow A.S.A.F. Hospital TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Camp Springs Homemaker home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

1136. COUNTY 1136. CITY OR TOWN DOPON 136. INSIDE CITY LIMITS? 130. STATE 1123 Grandhaven Ave. 20772 PrinceGeorge Marlhoro 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jakob Falkenmayer Adelgunde Bender 9123 Grandhaven Ave. 17. INFORMANT (husband) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 260-31-2508 Ray G. Graham Upper Marlboro BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARD TOPULMONARY arato nu nurven IMMEDIATE CAUSE (o) DUE TO, OR ASSIEPIST SUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the AREPATICE OENCEPHALOPATURY underlying cause lost NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE FITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, EARM, ETC) AT WORK NOT WHILE 220.1 certify that (If (this hospital) attended the deceased from sow the deceased alive on 24 (1) and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN uneulus 24, 1986 FUNERAL I June 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS PORT MALCOLM GROW MED CEN ANDREWS AFB MD 20331-5383 MONALHIND 230. BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial June 25,1986Md Veterans Cemetery Cheltenham, Prince Georges, 250. DAJE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Lee Funeral Home, Inc. DHMH - 16 60M 7/B4 6633 Old Alexander Ferry, Rd., Clinton, MD 20735 (VRA 15, 4)



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5		eoth, rage 4 may be	(The state of the s
F VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		AN: The law requires that the deoth certificate be executed within 44 hours after deoth. Page 4 may be	the rate of manufacture of the San Star	Francis research Than places are an area of the control of the con
01 W. PRESTON ST., BALI		s that the death certificate	of colleges	section between the property of the
F VITAL RECORDS, 2	, i	AN: The low requires	frosts has been sixes	troopie permit Then o

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2 DATE OF DEATH 1. DECEASED NAME (TYPE OR PRINT) 3 SEX A AGE TIN YEARS LAST BIRTHDAY IF UNDER ' YEAR 5. DATE OF BIRTH 17 1895 91 Female White 9. BALTIMORE CITY OR COUNTY OF DEATH CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Marvland USA WIDOWED X NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) Dress Fitter Lansburgh's Pr Dist Hts 13d INSIDE CITY LIMITS? 2105 Burgess Place Maryland Geo NO [FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Eleanor Edelen John Owens ADDRESS 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Anna E Kimble Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (g), (b), and (c)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REMATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 70s. IF YES, WERE FINDINGS USED 28s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YESTI NOT 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNT STATE LAT HOME STREET, FACTORY, OFFICE, FARM ETC 1 STREET at work NOT WHILE 220.1 certify th haspital) aftended the deceased from e date and hour and from the MEDICAL STAFF DIRECTOR PHYSICIAN 23a BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery Burial 25June1986 Md Suitland 24 FUNERAL DIRECTOR E Wilhelm 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

in Dindorn Product

DHMH - 16 60M 7/84 (VRA 15, 4)

DIRECTOR

FUNERAL

BP.

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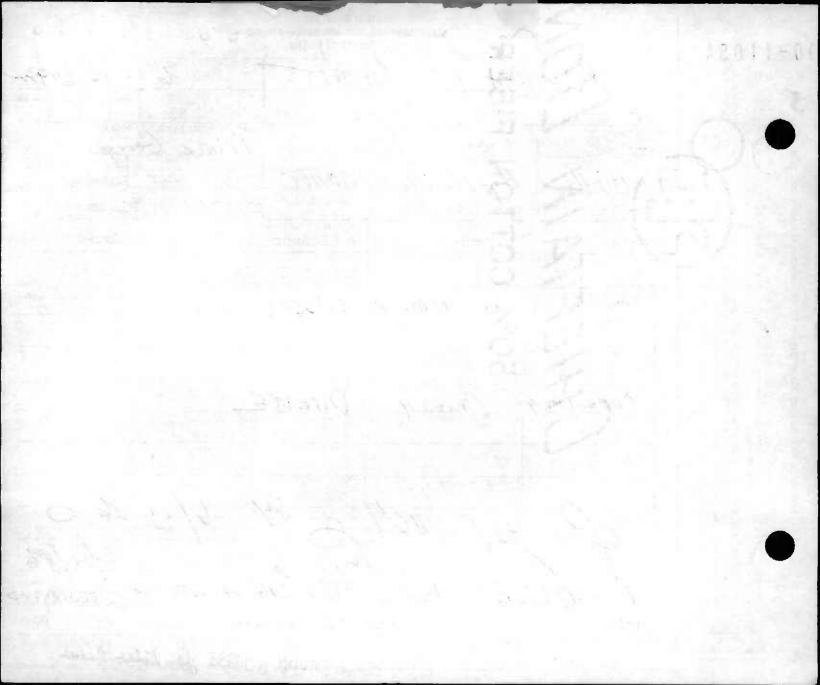
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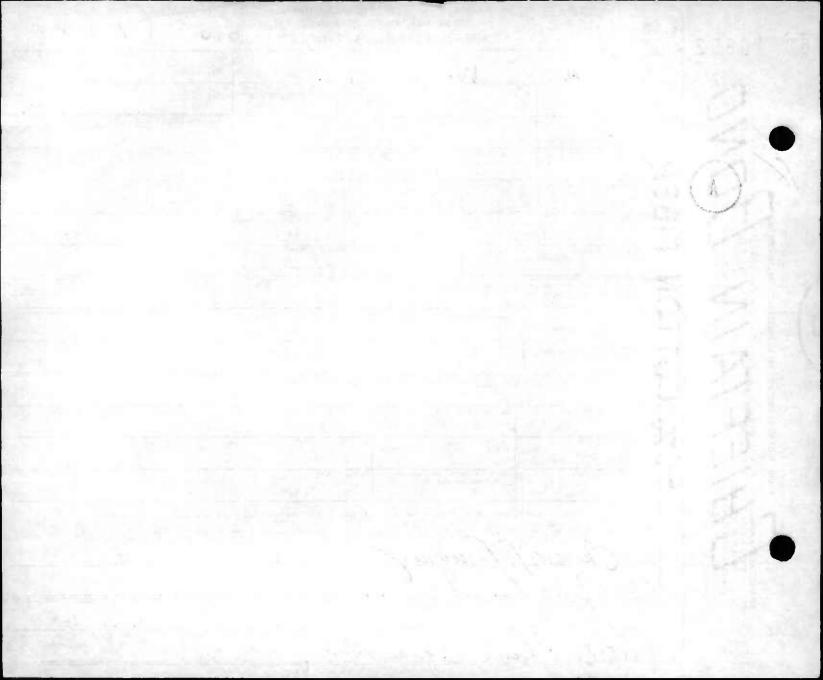
MPORTANT

Funeral Home

old be detach the State De



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN X MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-MALVIN DEATH MATED GRAY, Sr. 1819 86 4. RACE 3. SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS 2c. DATE 2d HOUR MONTH 50 VDS DAY YEAR PRONOUNCED 2:58 3 36 Black DEAD Male June 18 19 86 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! USA Washington, DC DIVORCED | Prince Georges ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Mechanic (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Southern Maryland Hospital Center Clinton ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Prince Geo Maryland 22808 Christ Ch Rd 20608 YESX Aquasco 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Carlvle Butler George Grav Annie Lola 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES) 214 32 8565 SAA Frances Grav 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM BRACE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCOING TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HALLTH AND MENTAL HYGIENE BALTHMORE, MARYLAND, 21201 PRIOR TO BÜRIAL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF EXECUTED WITHIN BING" IN PENCIL IN Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO V 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 10 214. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COHNTY STATE Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy Notural couses X death resulted from: Accident Homicide Undetermined monner TITLE (SPECIFY) 6/18/1986 Deputy SIGNATUR EXAMINER'S NAME Temple Hills. MD Rodfiguez M.D ADDRESS 5009 Rayburn CT 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial June 86 Resurrection Cem. Clinton P.G. Md. 07/84 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



	TA	TE	OF	M	ARYL	AND			
MENT	OF	HE	AL	H	AND	MENT	AL	HYGIE	N

YGIENE	8	S REG. N	10.	7	7	8
7n □	ATEO	FDFATH	MONTH	DAY	YEAR	2h HOL

Alia Vavidson-Randoll

			STATE OF MARYLAND						
00-08960	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	7 9 8 8				
1 mg	1. DECEASED NAME FIRST	MIDDLE	COLUMN	Tai DAIL OI DEATH	AY YEAR 26 HOUR				
to book	CHAR		GREEN	June 5, 1986 AGE (IN YEARS LAST BIRTHDAY)	8:22p M				
	3. SEX Male	4.RACE White	5. DATE OF BIRTH	M	ONTHS DAYS HOURS MIN.				
Poge 4 director.	7a. BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Feb. 2, 1930	56 YRS.	OF DEATH				
oth.	New York	U.S.A.	MARRIED X NEVER MARRIED	Prince George					
thus the	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION	12b. KIND OF BUSINESS OR				
201 non the	Bowie	(IF NOT IN SUCH FACILITY, GIVE STREE Bowie Healt]	h Center	(TYPE OF WORK FOR MOST OF WORKING LIFE Manpower Spec					
4D 2124	USUAL RESIDENCE (IF NURSING HOM 13g. STATE Maryland Pr	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	13e.STREET ADDRESS / ZIP CODE					
ithin ithin 2 sho	14 FATHER'S NAME	0.5	15. MOTHER'S MAIDEN NA		ane (20715)				
MARY mplete	Abe	MIDDLE LAST Greenzwe	eig Rose	MIDDLE G.Y	ossbard				
worke, recute a secure ges 1 medical e	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC	3	Maryland					
med x		orean 085-24	-1891 Marilyn Gree	en;Wife;12517 Brew	ster Lane; Bowie				
BALL BALL	18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b) o ISED BY:	nd (ct.)	FAIF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
E (3)	IMMED	IATE CAUSE (o)	dimen.? ats	EASE	2 yetrs				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death reflects executed within 24 hours of the certificate has been signed by the attending provider completely filled in by as the buriod-transit permit. Then please remove can be provided as 1 and 2 should be file the and Mental Hygiene prior to buriod, cremation, or another required examiner making orked or them 18 shows any injury, or other traumotic event, the medical examiner making orked or them 18 shows any injury, or other traumotic event, the medical examiner making orked or them.	Conditions, if ony, which	DUE TO, OR AS A CONSEQU	Y-ORAGER	SYNDROME	2 YEARS				
W. PF not the by the sse rem contert other t		couse (o), stoting the DUETO, OR AS A CONSEQUENCE OF							
uires 1t uires 1t signed ten plec burial	PART 2 OTHER SIGNIFICAN	N IN PART 110							
lecore	NO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICE	H OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?				
TALRE ICION.	H H H	71b. TIME OF INJURY		YES NO YES	□ NO □				
N OF VITAL RE SICIAN: The ic ng physicion. certificions per viriol-tross p	OR CONTRIBUTION C CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)				
HYS and his complete bur the b	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE				
NG PH offence frer this os the bill and a	AT WORK NOT WHILE AT WORK	(STACE STACE), THE STACE							
Do de DE	22a. I certify that (1) this has sow the deceased alive	spital) attended the deceased from	and the (in (my) (dur) apinion	10 7006 2	9 8 6 , that (I) (we) lost				
OR ATTEN the hospital DIRECTOR Sched for us Dept of He	obove, (I) (we) (did) (did	not) view the body ofter death.	DEGREE	death occurred on the date and hour					
	220. SIGNATURE	- Panka		MEDICAL STAFF DIRECTOR PHYSICIAN	June 6, 1986				
HOSPITAL ined by the FUNERAL vid be detail the Stote	22d PHYSICIAN'S NAME 11V	PE OR PRIM	PHYSICIAN	DIRECTOR PHYSICIAN	13the 6, 1900				
TO HOSPITAL etoined by t TO FUNERAL should be det with the Stote		GOODMAN, M.D.		or Lane, A-6; Bowie	. Md. 20715				
Of of start M. W. M.	23e. BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	23d. LOCATION					
8P	Burial	6/8/86 K	ing David Memorial	Gdn.: Falls Churc	h:Fairfax:Va.				
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR DANZA	NSKY-GOLDBERG, MEN	ORIAL CHAPELS 125 PA	TE REC'D. BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE				

DHMH - 16 60M 7/84 (VRA 15, 4)

1170 Rockville Pike; Rockville, Md. 20852

3.896 12/9610 Emperior 19 SHADOWN ASTA ST. W. THE RESERVE OF THE PARTY OF THE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	9	7	0	2	13
0	1		8	0	1
REG. NO.					

		REGISTRAR		CER	TIFICATE OF DEATH	REG. NO	1 , , , ,
4		CEASED NAME F	IRST	MIDDLE	LAST		AONTH DAY YEAR 26 HOUR
		JEI	2RV	LEE	HALES	0	16 04 86 G:10P.M
H	1. SE)	X	4 RACE		TE OF BIRTH	& AGE (IN YEARS LAST BIRTH	MONTHS DATS HOURS MIN
		ale	Cauc.			54	YRS.
21	70 BIRTHPLACE STATE OF FOREIGN 76. CITIZEN OF		WHAT COUNTRY? 8. MARRIED NEVER MARRIED		9. BALTIMORE CITY OR COUNTY OF DEATH		
1	Assessment to the last	orth Carolin		WIDO	WED DIVORCED		GEORGES MD.
Z	飞	LINTON	SOUT	CHEACILITY, GIVE STREET ADDRESS)	HOSPITAL	128 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF Salesman	
5	13n.5	TATE	home or other institution be county ontgomery	130. CITY OR TOWN Silver Spri	ON) 13d. INSIDE CITY LIMITS? 1888 NO [8712 Camer	ZIP CODE on St. Apt 206 20910
1	III. FA	ATHER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDEN N	AME	IAST
6	0	Marvin		Hales	Ruth		Aycock
2	16a. V		U.S. ARMED FORCES? LEYES, GIVE WAR OR GATES) KOTEAN	246-48-5047		Rt.1 Box 394	Bluemont, Va. 22012
1		18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), of ic.) PART I. DEATH WAS CAUSED BY: TOTAL DEATH WAS CAUSED BY:					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (O) Dral Caurty Hemorrhase 4182					
	DUE TO, OR A CONSEQUENCE OF A MARCH MARCH						
		Conditions, if ony, w gove rise to immed	hich (b)_	somer of	, luisoffna	rymx	
		couse (a), stating		R AS A CONSEQUENCE	F		
			(c)				
	Z	PART 2. OTHER SIGNIF	ICANT CONDITIONS <u>C</u>	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	RMINAL DISEASE OR COND	ITION GIVEN IN PART ITO
	ATIC	90 DATE OF OPERATIO	N 19b. COND	ITION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
1	CERTIFICATION					YES TO NOT	IN CERTIFYING CAUSES OF DEATH?
	THE	21a. ACCIDENT WAS UNDERL			21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY	
	RD1Z/H	OR CONTRIBUTING CAU	JE OF DEATH	.M. MONTH DAY YE	AR		
	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY	211 LOCATION		N COUNTY STATE
	8	NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, FARM, ETC	STREET	CITY OR TOW	COUNTY STATE
		220.1 certify that (I) (th	The same of the sa	deceased fram3	13/1 19.8/		, 19 86 , that (I) (wa) lost
		sow the deceased	olive on (did nat) view the bed	8 6 19 19	, and that in (my) toon apinia	n death occurred on the dat	te and hour and fram the causes stated
		22 SGNATURE	Actio Many Mean the Cook	difer deam.	REGREE	/	226 DATE SIGNED
		Ma	m 27	1	ATTENDING PHYSICIAN	MEDICAL STAFF	
- 1		224 PHYSICIAN'S NAM	E (TYPE OR PRINT)	7	22e ADDRESS		
		L.BERW	A M. 1		9015 WOOD	LYARD Rd.	CHINTON, and
	23a. E	BURIAL, CREMATION, RE	MOVAL 23b. DATE	23c. NAME C	OF CEMETERY OR CREMATORY	234 LOCATION	
		Burial	6/7/86	Kenly	Cemetery	Kenly	Johnston N.C.
		UNERAL DIRECTOR			25a. D.	ATE REC'D. BY REGISTRAR 2	Sb. REGISTRAR'S SIGNATURE
	G.	P. Kalas 61	60 Oxon Hil	1 Rd. Oxon H	ill, Md. Jl	JN 12 1088	felia Davidon-Rondallo

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. Thould be detoched for us with the State Dept. of He

File Carding USA

Sorth Caroling USA

Soft Control of Control of Carding Street Control of Control of Carding Street Carding Carding Street Ca

Furial fills entery conston in the second of the second of

DHMH - 16 50M 4/83 (VRA 15, 4) 39. DATE REC'D. BY REGISTRAP 356 REGISTRAR'S SIGNATURE

1 0							REG, NO	/-	
		CEASED NAME FIRST		WIDDLE	LAST		20 DATE OF DEATH	MONTH DAY YEA	AR 2b HOUR
		Evely	'n	B.	Harris	5	June 1, 198	36	12:40
	3 SE	X	4. RACE		5. DATE OF BIRT	Н	6 AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 H
		Female	Blac	K	11	16 1909	76	YRS MONTHS D	ATS HOURS M
10		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR		н
2	MA	RYLAND	U.S.		WIDOWED X	DIVORCED	Prince Geor	ges County	7
1	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	IG HOME OR OTH		12a. USUAL OCCUPATIO	ON 12b. KIN	ND OF BUSINESS
+	LA	UREL	Greate	r Laurel	Beltsvill	le Hospital	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUS	TRY
-	USU,	AL RESIDENCE (IF NURSING HOME C	R OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE	ADMISSION)				77/16
3		RYLAND 13b. COU		13c. CITY OR TOW	HETCHT'S	VSIDE CITY LIMITS?	13e.STREET ADDRESS /		0143
-		ATHER'S NAME	3 4	TUAPTTOL		OTHER'S MAIDEN NA	ME 11 Vale P	Lace	
\cap		WILFORD	MIDDLE	BECKWI	गदर	LUSTRINA	WIDDLE	TOTRICON	LAST
-	16a V	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECU			go, Md. 200	JOHNSON	
1	0	YES, NO UNKNOWN) (IF YES, G	VE WAR OR DATES)				213 Harry		Don And
	-	Tu access as as as as		231-40-8		1121121 1 01111	~1) naily i		
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	ED BY:			Failur		BETW	PROXIMATE INTERVAL
		1MMED IA	TE CAUSE (a)	Vacdin.	my	- vaccor		,	
		Cardin	DUE TO, O	OR AS A CONSEQUE		noma &	The Cour	21	
		Canditians, if any, which gave rise to immediate	(p)_	accepte		wme h	na our	70	
		cause (a), stating the underlying cause last.	DUE TO, C	OR AS A CONSEQUE	astas	11)			
		PART 2 OTHER SIGNIFICANT	CONDITIONS C				IN A LADISSE ASS OR COND	ITION COVENING DAD	VT 1.
	2	Phy par	10	nal >	aikeus	1 1	01.	unlnu'	1 110
~	E A	19a DATE OF OPERATION	19b. CONE	OITION FOR WHICH		- 1000110 1	100 AUTOPSY?	20b. IF YES, WERE FIN	VDINGS USED
1	量						YES TO NOT	IN CERTIFYING CAU	ISES OF DEATH?
\pm	1	210. ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY	21c. h	OW INJURY OCCURE	RED (ENTER NATURE OF INJURY		
7	A	OR CONTRIBUTING CAUSE OF DE	AID -		Y YEAR				
	DIC	(IF EITHER, NOTIFY MEDICAL EXAMINE		OF INJURY	19 21f. I	OCATION			
	ž.	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE F		STREET	CITY OR TOW	OUNTY COUNTY	STATE
			tauly a sawfa da da d		March	3 .8/	Mars	21 86	
		22a.1 certify that (1) (this hasp saw the deceased alive a	11/1/2.2	/ /	200	in (my) (qur) opinion	death accurred on the dat	a and hour and from	, that (l) (we)
	-	above (l) (we) (did) (did n	ot) yiew the bad	y after death.	DEGRE		ocom occorred on the dat	-	
		Hear NY11	(Jan	1 / 44	DEGRE		MEDICAL STAFF	211. 10	1,191
-		27d PHYSICIAN & NAME (TYPE	Ane	0,000	122	PHYSICIAN ADDRESS	MEDICAL STAFF DIRECTOR PHYSICI	AN D	1/06
/		GARV W.	JONE	c = 117	120.7	70 1/1	· 81 .	+/1	I nos
/		JIINY VV.	VONE	-1, 17.1	. 6	ST Mal	n orree	, Lauren	, 144.

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 60M 7/84 (VRA 15, 4)

CITY OR TOWN

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 24 FUNERAL DIRECTOR Annapolis, Md. 21401 WILLIAM REESE & SONS MORTUARY, P.A.

COUNTY

that (I) (we) last

2b HOUR 12:40AM

12b. KIND OF BUSINESS OR

Truman Dr. Apt.12 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

TARES OF THE RESERVE OF THE PROPERTY OF THE PARTY OF THE

Anapolis, -. 2014

Some of the state Laboration of the state of the 10-200 Mess of a compile of the first of the book of there are a record as youth of your way on the contract of Av Antoninina (the tri) - - - Con Las V. - A 27 (-1) - V. - A 27 (-1) Joseph d. Let - Heaven with the selection of the selection

STATE OF MARYLAND

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	1	1	7	7	
REG. NO.					

- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	1 /	
1. DECEASED NAME FIRST	MIDDLE	LA	AST	26 DATE OF DEATH MON	1	26 HOUR
Charles	R, HAYI	LEC	K. Jr.	6	-29-86	7.27 M
3. SEX	4 RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER I YEAR MONTHS DAYS	
MALE	WhiTE	Sept	t. 6,1920	65	YRS	
COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIET	NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
Maryland	USA	WIDOWE	DI DIVORCED	Prince Ge	eorge	MD.
Riverdale	11. NAME OF HOSPITAL, NURSIN	rial	Hospital	120 USUAL OCCUPATION (TYPPTOTES SOIL	KKING LIFE) INDÚSTRY Mary	rsity land
		/N	13d. INSIDE CITY LIMITS? YES 🎇 NO 🗌	13e STREET ADDRESS / ZIN 3110 Gumwo		018
14 FATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME	1.4	ST
	R. Hayleck		Marie	Ε.	Stech	1
160 WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECU		17 INFORMANT	ADDRESS		
WWII	nly ane cause per line for (a), (b), give	4227	Marsha Hay	leck(Wife)S	Same as 1	.3E
	DUE TO, OR AS A CONSEQUE DUE TO OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	ence of + Elic	tily to whole NOT RELATED TO THE TERM	na: Stati	ON GIVEN IN PART 1	(0)
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY? 201 IN	b. IF YES, WERE FIND! CERTIFYING CAUSES YES	NGS USED S OF DEATH?
	HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
GRECONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	21e PLACE OF INJURY LAT HOME STREET FACTORY OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
saw the deceased alive ar	oital) attended the deceased from 19	86 .on	d that in (my) (our) opinion o	death occurred on the date of	19 86	that (I) (we) last causes stated
226 SIGNATURE 226 PHYSICIAN'S NAME (TYPE)	Gregal.D		DEGREE ATTENDING PHYSICIAN [1]	MEDICAL STAFF DIRECTOR PHYSICIAN	_ / /-	SIGNED
ROBERT J. C	SEREIGE A.A		4410 744	Ave Landon	Hill DD	JARY
230. BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
Burial 24 FUNERAL DIRECTOR	7/3/86 Ar	Ting	ton Cemeter	Y ALTINGTO	PECISTRAPIS SICNIA	TUDE
Himes/Rinald	i 11800 New Ha	unpsn.	TIE AVE	EREC D. DI REGISIRAR 238.	REGISTRAR S SIGNA	TORE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept- of Health and Mental Hygiene prior to burial, cremation, or removal

marked ar Hem 18 shaws any

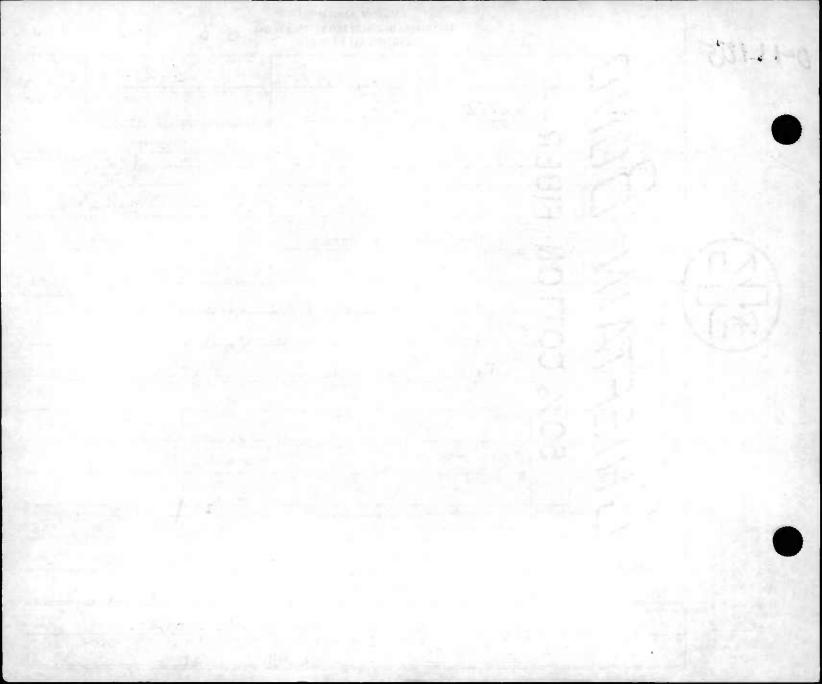
IMPORTANT: If Hem 21 is

signed by the

After this certificate has been

TO FUNERAL DIRECTOR: etained by the haspital

TO HOSPITAL OR ATTENDING PHYSICIAN: The low



3

STATE	OF	MARYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	7	9	9	
REG. NO.	1/3/		- 1	

1	1-	STATE REGISTRAR				CERTIF	ICATE OF DEATH	0	REG. NO.	1 /		
		CEASED NAME	FIRST		AIDDLE	L	AST	2a DATE C	F DEATH MONTH	DAY YEA	^R 2b. НО	UR
		Cor	nel		C.	HEIGH		06-	22-86		3:2	25AM
	3. SE>	<	4	. RACE		5. DATE C		6. AGE (IN	YEARS LAST BIRTHDAY)	MONTHS D	EAR IF UNDE	R 24 HRS
	1	Male	700	Black		Feb.	05. 1935		51 Y	RS MONTHS D	YS HOURS	MIN.
1		RTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF	WHAT COUN	VTRY? 8.		9 BALTIM	ORE CITY OR COL		1	
2		Maryland		USA	Δ.	WIDOWE	D NEVER MARRIED	Pr:	ince Geor	ge's		440
		TY OR TOWN OF DEA	ATH 3	1. NAME OF	HOSPITAL, N	URSING HOME C	OR OTHER INSTITUTION	IZo. USUAI	OCCUPATION	12b. KIN	D OF BUSIN	MD. NESS OR
1	51	anham, Md.		AMT / DO	HEACILITY, GIVE	STREET ADDRESS)	G. County	1 -	RK FOR MOST OF WORK	NG LIFET INDUST	RY	
-	_	AL RESIDENCE (IF NURS	ING HOMEOR O				d. County	Fore	nan ·			
6	13n. S	TATE	136. COUNT	Υ	13c. CITY OR	NWOT	138. INSIDE CITY LIMITS		ADDRESS / ZIP C			
2		aryland THER'S NAME	Anne	Arunde.	Lot	hian	YES NO K		Southern	MD Blv	d	2071
2	13-TA	FIRST	M	IDDLE	LAS	ST.	15. MOTHER'S MAIDEN	NAME	MIDDLE		LAST	
	1	Muriel			Hei		Laura			C	hase	
-		VAS DECEASED EVER		WAR OR DATES	16b SOCIAL	SECURITY NO.	17 INFORMANT		ADDRESS			
4	I	10	1-15-21-	,	216-3	2-0269	Laura Heig	h Box 10	A Huntin	gtown M	D 206.	39
	7	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	nediote ig the lost	(b)	End RAS A CONS	SEQUENCE OF	Dilate o	1 Conga		rdion		rathy =
	CERTIFICATION	19a. DATE OF OPERA	TION	19b. CONDI	TION FOR W	VHICH OPERATIO	N WAS PERFORMED	200 AUT		F YES, WERE FIN ERTIFYING CAU YES		ATH?
1		71g. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	H DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER N	ATURE OF INJURY IN HE	M 18 PART I OR PART	2)	
	MEDICAL	21d. IN JURY OCCURE	RED	21e PLACE	OF INJURY	DEFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	100	STATE
		220.1 certify that (1)	(this hospito	l) ottended the	e deceosed f	from /21	/86 19	, to	6/22/86	. 19	, that (I)	(we) lost
		sow the deceose obove, (I) (we) (c	ed olive on	6/22	/86	_19, or	nd that in (my) (our) opin	non death occur	ed on the date and		the couses s	toted
1	3	276. SIGNATURE	mass	1 M.	K	ensy	M. DATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		/23/86	
1	1	22d PHYSICIAN'S NA	AME (TYPE OR	PRINT	17.0		22e ADDRESS 7	603 Geor	rgia Ave.	NW. S	uite 1	101
		Ronald		ry , M	D.			ashingto	on, D. C.			
		URIAL, CREMATION,		23b. DATE			EMETERY OR CREMATO	RY 23d LOC	ATION	COUNTY	100	STATE
		Buria	1	June 27,	1986	Moses	Cemetery	Lot	hian A	nne Aru	nde1	MD

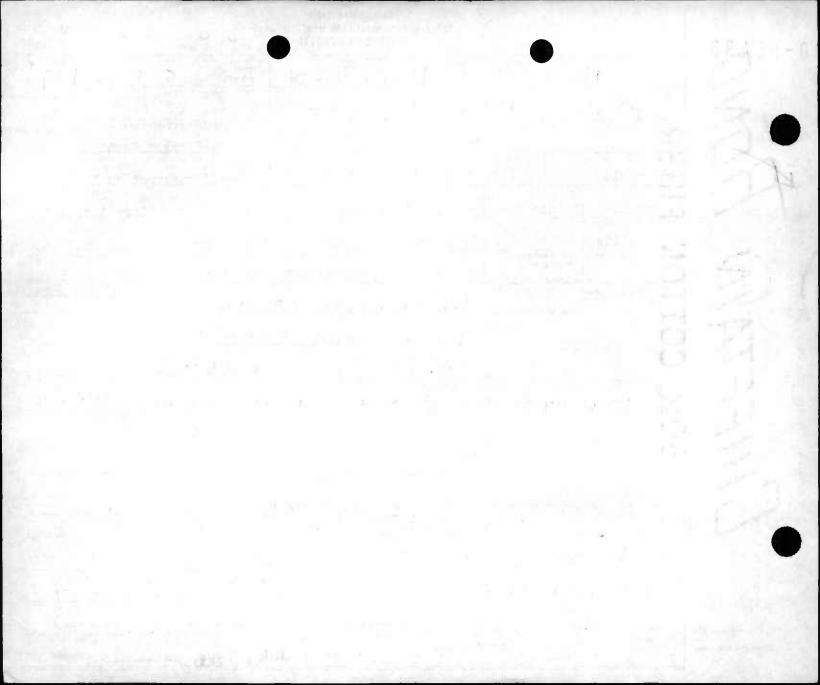
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
Spencer E. Sewell Box 31 Prince Fred.MD 20678

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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-		FOR			DEPART		OF MARYLAND	L HYGII	ENE		è	7 4	a	6
	1.	STATE REGISTRAR					ICATE OF DEATH		Ö	REG. NO).	,		9
		OR PRINT) THO	MA	2	MIDDLE	HI	661N	- 1	20 DATE C	^	6 24	Y YEAR	2b. HO	
	1. SEX	1		4 RACE		5. DATE C	F BIRTH		AGE IN	YEARS LAST BIRT		UNDER I YEAR	IF UNDE	R 24 HRS
	Ma	de .	2.1	Caucasi	.an	Nover	mber 13, ĭ3	910	75		YRS.	DATS	HOOKS	Min.
5		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	XX NEVER MARRIED		9 BALTIMO	ORE CITY O	R COUNTY C	OF DEATH		
9	Pen			U.S.A	١.	WIDOWE			PRI	NCE	GEO	RGE	2=	MD.
2	C	LINTON		South	EEN M	d H	SPITAL	2		OCCUPATION NO STOREST OF TUCTION	on Supe	126 KIND (INDUSTRY T CC	nstr nstr	vess or uctio
5	13a S	AL RESIDENCE (IF NURSI TATE Cyland	13h COUN	ITY	130 CITY OR TOVE S Suit	VN	134. USIDE CITY LIMI YES NO [ITS?	3702	ADDRESS /	ZIP CODE WOOD DI	cive	2074	.7
1	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDE	NAM	E	WIDDIE		_ (/	ST.	
0	Joh	ın		J.	Higgins		Julia					Dune	hey	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (18 YES GIVE WAR OR DATES) 173-05-6562 Rebecca M. Higgins									Same	e as 1	3 A-E		
2	CERTIFICATION	Conditions, if any, gave rise to imm couse 101, stotin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAL 21e, ACCIDENT WAS UNE	which nediate g the last.	DBY: E CAUSE (a) DUE TO, O (b) DUE TO, O (c) CONDITIONS CC PERSON Report 198. COND	R AS A CONSEQUENCE OF THE CONSEQ	RESTERNCE OF A BUT A R	CHRONIC CHRONIC CONGESTI NOT RELATED TO THE ACCINEN N WAS PERFORMED	RE VE E TERMIN	HEA NAL DISEA 200 AUT YES	MTORY RT FA SE OR CONE OPSY?	20b. IF YES, IN CERTIFY YES	WERE FIND ING CAUSE	NGS US	ED ATH?
7	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19								COUNTY	that (I)	STATE (we) lost		
		saw the decease abave, (I) (we) (c 22b. SIGNATURE	(did no	view the bady	Λ		DEGREE ATTEND PHYSICI 122e. ADDRESS			STAF	7	22c. DAT		
/		G. NAC	84		n.D.		9015 WO	ody	ARN	Rd	CLI	Nto	Vr	nd-

DHMH - 16 60M 7/84

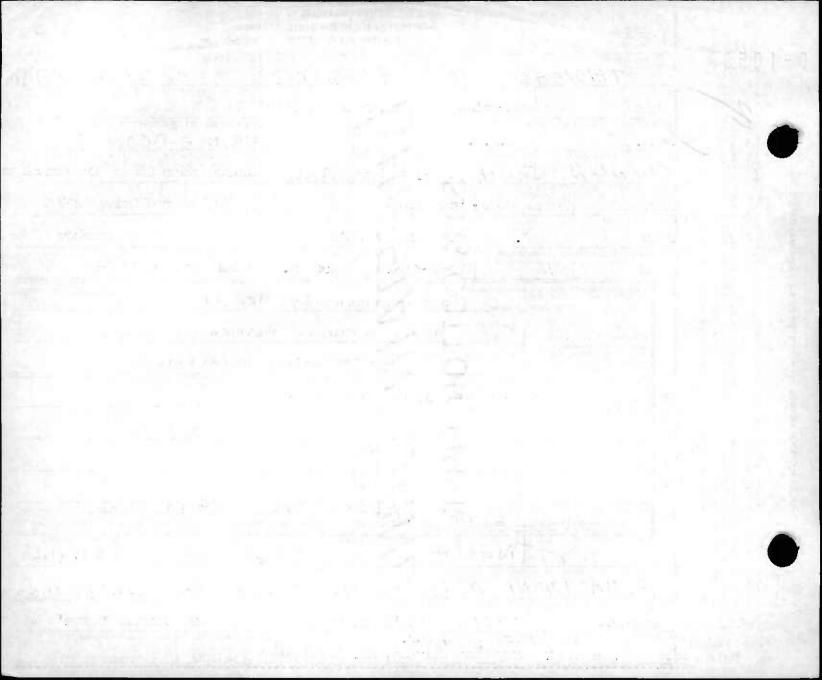
(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Cremation

- 9015 WOODY AR N Rd. Clinton

Prince George's Md 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Cremation 06/25/86 Lee's Crematory
24. FUNERAL DIRECTOR Lee Funeral Home, Inc.
6633 Old Alexander Ferry Road Clinton, Md. 20735



10 FUNERAL DIRECTOR A should be detached for use with the State Dept of Hea

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR

5

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	3	1	-7		a
3	0		/	7	7
	REG. NO.				

-	STATE REGISTRAR				CERTIF	ICATE OF DEATH	O O REG. N	10.	'	
	ORPRIME	FIRST		MIDDLE		LAST		MONTH DAY	YEAR	2b HOUR
1		Goldi.		M		ofmann	June 30, 1			5:45A _^
) SE)		4.	RACE		S. DATE (6 AGE (IN YEARS LAST BI		NIHS DAYS	IF UNDER 24 HRS
1	Female		Cauca		17/	19/1909	76	YRS.		
	RTHPLACE (STATE ORF	OREIGN 78		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY			
	aryland		USA		WIDOW		Prince Geo			ME
1	TY OR TOWN OF DEA Laure1					or other institution ville Hospita	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Self-emp		Bike	Store
USU/ 13g 5	AL RESIDENCE (IF NURS	NG HOME OR O		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	00	10/
Ma	aryland	P	3	Laure1		YES X NO	912 Mont	gomery	Stre	et
FA	THER'S NAME	MI	DDLE	LAST		15 MOTHER'S MAIDEN NA	ME	-Shripper	241	Ţ
Si	amuel			Chane	У	Alice			Whi	tehead
	VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	John Hofma	ADDR	ESS		
,	NO	N/		220-42-	0287	10627 Star	dfield Ro	Laure	el Md	20707
	18 CAUSE OF DEATH PART I. DEATH W	1 (Enter only	ane cause per	line far (o), (b), and	dicit				BETWEEN	MATE INTERVAL
		AS CAUSED IMMEDIATE		Mun	andia	l Infanctio	Die		on	
TION	P	Imonas	y E.	mbolisin		NOT RELATED TO THE TERM	nia	3,13		
CERTIFICATION	198 DATE OF OPERAT	ION /			OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES (
1700	OR CONTRIBUTING		11b. TIME O	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
3	LIF EITHER NOTIFY MEDIC		Ρ.	M.	19					
MEDICAL	ZId. INJURY OCCURR		21e PLACE	OF INJURY REET, FACTORY OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TO)wn	COUNTY	STATE
	22a I certify that (I) saw the decease above, (I) (we) (d	(this haspita	June	80 19		nd that in (my) (aur) apinion	death accurred an the d	30, 19 ate and hour a		that (I) (we) last causes stated
	226 SIGNATURE	dert	am	emberg		MD ATTENDING PHYSICIAN [MEDICAL STA		22c. DATE	30 /86
	22d. PHYSICIAN'S NA		A MML	una ,	MD	120 ADDRESS 121 Prince	George ST.	Lac	irel,	MD 2070
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY	STATE
24 51	Burial		7/3/8	6 M	eador	wridge Mem.	Baltime			MD
Z4 FC	INERAL DIRECTOR	PASA	1 400	- FODRESS		250. DA	TE REC'D. BY REGISTRAR			
An	1601505	du -	DF 10.	169=	3515	1. md. 1	UL 2 1986	Felia Do	undon-	Hardell

8.0 = 1.1 | 4.5 | ... name with the East of the

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Bernetta Hoffman June 22, 1986 5:55p Beavers SEX RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Ortober 28, 1900 Female Caucasian BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D. C. United States Prince George & County WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY US GOV t (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Hyattsville Sacred Heart Home. Inc. Housewife; office worker; teacher SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20015 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 113d. INSIDE CITY LIMITS? Washington 3105 Rittenhouse St., Washington D. C. 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME R. MIDDLE Mary Walker William Beavers ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 20003 (IF YES GIVE WAR OR DATES) 578-62-3061 Paul L. Hoffman, 130 F. St., SE, Wash. DC APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a CONSEQUENCE OF Cerebro vascular accident Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PARTAZ OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.I.A. discare % DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20% IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (I) (this haspital) attended the deceased fram and that in (my) (our) opinian death occurred on the date and hour and fram the causes stated DEGREE 22c. DATE SIGNED June 22,1986 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN F ATTENDING Hattsvill MD 20782 M. KHATRI 6525 Bellevert Rd

23c NAME OF CEMETERY OR CREMATORY

- 16 60M 7/84 IVRA 15, 41

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, PA | 250. DATE REC'D. BY REGISTRAR'S SIGNATURE AND PARTY OF THE PROPERTY 7557 Wisconsin Av., Bethesda, Maryland 20814

230 BURIAL, CREMATION, REMOVAL

Buria1

June 26,1986Congressional Cemetery Washington

D.C.

he a Davidson-12

-1.- Herling T. June 22, 1988

000 TODA - 1000

Candum as, 1900d

Carteville - Carte

Drawani . . Conf. D

970-02-300

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	8	7	13	0	0
Ó		/	7	7	
PEG NO					

7		REGISTRAR		CERTI	ICAIL OF D	LACTI	REG, NO					
7		CEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH	AONTH D	AY YEAR	26 HOUR		
		Gertrude	e M.		Holden		June	= 6.	1986	9:20A M		
	3. SE>	X	4 RACE	5. DATE O	OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRT	(DAY)	FUNDER TYEAR	IF UNDER 24 HRS		
		Female	White	May		1891	95	YRS.				
5		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUN	TRY? 8	D NEVER A	AARRIED 🗆	9 BALTIMORE CITY OF	COUNTY	OF DEATH			
)	I	owa	USA	WIDOWI	DXX DI	VORCED [Prince	Georg	ges	MD.		
	10 CI		 NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S 	TREET ADDRESS)	OR OTHER INST	TITUTION	12a USUAL OCCUPATIO		126 KIND O INDUSTRY	F BUSINESS OR		
) :	an		3302 15th. Ave		2232.31		Homemake		own h	ome		
Š	13a. S		TY 13c. CITY OR	TOWN	13d. INSIDE C		13e STREET ADDRESS / 8302 15th.			00700		
-	_	THER'S NAME	Lang	gley Pk.	15 MOTHER'S	MAIDEN NA		ivellue		20783		
١	-	Frederick	AIDDLE LAST Hun t		1	rgaret	MIDDLE		Hed			
-		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 16h SOCIAL:	SECURITY NO	17 INFORMA		ADDRES	S	iicu	dy		
	(Y	(IF YES, GIVE	N/A 441-07	7-8905D	Stanley	Holde	n-son-(same	as 13	Be)			
		18. CAUSE OF DEATH (Enter onl	y ane cause per line far (a), (b	o', and ici					APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH		
i	7	PART I. DEATH WAS CAUSED IMMEDIATI		ardiac a	rrest/	Resnir	atory arres	-				
	-	Due to, or as a consequence of Chronic lung disease										
ı		Canditians, if any, which	((b)	(hronic	Lung d	isease	0				
	20	gave rise to immediate cause to, stating the	DUE TO, OR AS A CONSI	EQUENCE OF								
		underlying cause last.	(c)									
	z	PART 2 OTHER SIGNIFICANT C	onditions contributing ascular accide		NOT RELATED	TO THE TERM	INAL DISEASE OR COND	ITION GIVE	N IN PART 1 c	>		
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WE		N WAS PERFO	RMED	200 AUTOPSY?		WERE FINDIN			
	TIFIC						YES NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?		
+	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY VEAR	21c. HOW IN	JURY OCCURR	RED LENTER NATURE OF INJUR	IN ITEM 18 PA	RT (OR PART 2)			
1	AL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	State							
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATIO	N	CITY OR TOW	(N)	COUNTY	STATE		
	¥	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FICE, FARM ETC	ZIKEET		CITORION	N	COOIVII	STATE		
		220.1 certify that (1) (this hospit	a) attended the deceased fr	om 1-6-		19.86	June 6	1	9_86	that (1) (we) last		
i		sow the deceased alive an abave, (1) (we) (did) (did not	June 6 view the body after death.	1986 0	nd that in (my)	(aur) apinian d	death accurred on the da	e and hour	and from the	causes stated		
		22b. SIGNATURE	1. Ironto	21	DEGREE	TTENDING A	MEDICAL STAF		22c DATE	SIGNED 18		
		22d. PHYSICIAN'S NAME (TYPE OF	1000000		122e ADDRES	TIESICIAN	DIRECTOR PHYSICI	AN 🗌	970	100		
		Lisa J. Lili					shire Ave.,	Langl	Ley Par	k, Md.		
		SURIAL, CREMATION, REMOVAL	23b DATE	23¢ NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION		10.14			
		Burial	6-9- 1986	Arlingto	n Natio	onal	Arlington	n	Vi	rginia		
		UNERAL DIRECTOR	1180	00 N.H.			E REC'D. BY REGISTRAR 2		AR'S SIGNAT	URE		
	Hlr	nes/Rinaldi Fune	eral Home	er Spri		.111	NO moe	Sister 1	Evident 1	Pandell		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO HOSPITAL OF ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

1310	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	0.	8 0	0 0
n#		Of Plints	IRST		MIDDLE		AST		MONTH DAY	YEAR	2b HOUR
90.00		RAL	EIGH	WILLIA	AM HOLLOWA	ΑY		JUNE 26,	1986		3:00P _M
4	3. SE	×/	4. R	RACE		5. DATE C		6. AGE IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
CZ 1	M	ale	_ C	Caucas	ian	Sept	ember 4, 1918	67	YRS.	DATS	HOURS MIN.
12		RTHPLACE ISTATE OR FORE COUNTRY) rginia	IGN 7b	CITIZEN OF U.S	•A•	8	NEVER MARRIED	9. BALTIMORE CITY OF		FDEATH	MD
12	6	ITY OR TOWN OF DEATH Linton		CIENOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET	ADDRESSI	ROTHER INSTITUTION 1 AAFB	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST C CM/SGT Ret	DE WORKING LIFE	12b. KIND O INDUSTRY US GO	F BUSINESS OR
A A	13q. S	AL RESIDENCE (IF NURSING STATE 138 ryland		ER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS 5904 Middl	/ ZIP CODE eton L	ane 2	0748
110		THER'S NAME Iliam	MIDD	DLE	Hatcher	19.3	15. MOTHER'S MAIDEN NA/ Anna	ME		Duna	
p # 0 /		VAS DECEASED EVER IN			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	ESS		
P 00	Y	es I	969-1	973	226-10-2	923	Thelma Hollo	way Same as	13 A-1	Ξ	
ease randow carbo		Conditions, if any, w gave rise to immed cause (a), stating	iate	DUE TO, O	R AS A CONSEQUE	ROSCO	ARREST ARTHEROSCLERO				
prior to burn	NOI	PART 2. OTHER SIGNIF!	CANT CON	NOITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
Shows any	CERTIFICATION	19a. DATE OF OPERATIO				OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	GS USED OF DEATH? NO
the buriol-transi and Mental Hygi ced or them 18 sh		21a. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUS (IF ÉITHER, NOTIFY MEDICAL E	E OF DEATH	21b. TIME C HOUR A. P.		Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
s the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK			OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	DWN	COUNTY	STATE
for use a of Health	N	220.1 certify that (I) (the saw the deceased of abave, (I) (we) (did)	live an		19		d that in (my) (our) opinion o	ta 26			that (I) (we) last causes stated
RAL DIRECTOR detached to the Dept.		22b. SIGNATURE	Put	4			DEGREE ATTENDING PHYSICIAN	MEDICAL STA		120. DATE	SIGNED
the Sto		22d. PHYSICIAN'S NAME	(TYPE OR PRII	91			22e ADDRESS				120331
or the		MARK F	HT7				MAT.COT.M GROW	HISAF MED C	EN. ANI	DREWS	AFB. MD

236. NAME OF CEMETERY OR CREMATORY
Arlington National Cem

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR Lee Funeral Home, Inc. (VRA 15, 4) 6633 Old Alexander Ferry Rd, Clinton, Md, 20735

06/30/86

13b. EATE

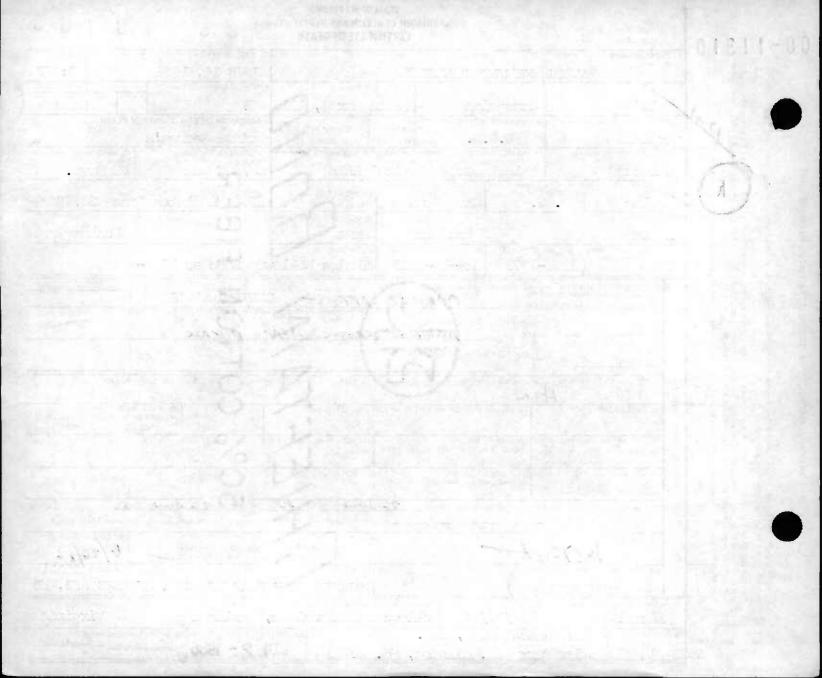
230 BURIAL, CREMATION, REMOVAL

Burial

Virginia

23d LOCATION

Arlington



566	1	REGISTRAR				CERTIF	ICATE OF D	EATH	٥	REG. NO.
VEI CE		CEASED NAME	FIRST		MIDDLE		LAST		2a. DATE O	FDEATH MONT
0 0 0 0			largar	et Kat	herine	HO	LT		Ju	ne 1 29
0.0	3. SE			4. RACE		S. DATE O			-	YEARS LAST BIRTHDAY
20 1	For	nale		Caucas.	ian	03	15	1905	81	
~2		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8			1	ORE CITY OR CO
10		(Ounrier)		JUSA			D NEVERA			
-		LGUNIA TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN	WIDOWE		ORCED	12a 11511A1	Prince OCCUPATION
1				(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)			TYPE OF WO	RK FOR MOST OF WOR
\sim		ittsville	1		ll Manor I		ng Home	,	Manag	er-Bara
1	13a. S	AL RESIDENCE (IF NUR	136 COU	NTY	13c CITY OR TOW	N	13d. INSIDE C	ITY LIMITS?	13e STREET	ADDRESS / ZIP
2	May	ryland	Mont	gomery	Silver SI	pring	YES 🗌	NOXX	10606	Edgewood
7	A.FA	THER'S NAME		WIDDIE	1451		15. MOTHER'S	MAIDEN NA	ME	MIDDLE
	1	Tohn		J	Allen		Reb	ecca		MIDDLE
П		VAS DECEASED EVER	IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA			ADDRESS
7	1.	YES, NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	579-14-2	625	Rebecc	a A F	Pand	Sister
1	-	18 CAUSE OF DEAT	-				TREDECC	/	coou	Sisier
or to burny, or oth	IFICATION	PART 2 OTHER SIGN	NIFICANT	CONDITIONS CONDITIONS CONDITIONS	ONTRIBUTING TO D	DE ATHLBUT	rumor	nia	AINAL DISEAS	
7	TIFICA	IN DATE OF OPERA	TION	198. CONL	THON FOR WHICH	OPERATIO	N WAS PERFO	KWED	YES	NO NO
9	ICAL CERT	2)a. ACCIDENT WAS UNE	CAUSE OF DE	ATH HOUR A	.M. MONTH DA	YEAR			RED (ENTERN	ATURE OF INJURY IN IT
	MEDICAL	21d INJURY OCCUR	HILE 🗆		OF INJURY		211. LOCATIO STREET)N		CITY OR TOWN
MW 21 4 PM		22a. I certify that (I) saw the decease abave, (I) ((2) (0) 22b. SIGNATURE		and the same of	4 4 -4		/ · · · · · · · · · · · · · · · · · · ·	, 19 y apınian	, 10	ed an the dote as
N Table		224 BHYSICIANUS ST	1/1	nes (4	1-1018	8 M		TTENDING PHYSICIAN [DIRECTOR	STAFF PHYSICIAN
MPORTA		22d PHYSICIAN'S	mes	7	FESTE	ton	9/E) /	973	N.W.
	23a. E	Burial Burial	REMOVAL				EMETERY OR C		23d LOC	Y OR TOWN
		Burial		July 2	. 1986 Ce	dan H	ill Con	notonu	Suit	tland Pr

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 26 HOUR 1986 5:00 am IF UNDER I YEAR OUNTY OF DEATH e George 126. KIND OF BUSINESS OR INDUSTRY CANDY Store od Avenue 20901 Hogwood Same as 13 ON GIVEN IN PART TIG IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES 🗌 EM 18 PART I OR PART 2)

nd hour and fram the causes stated

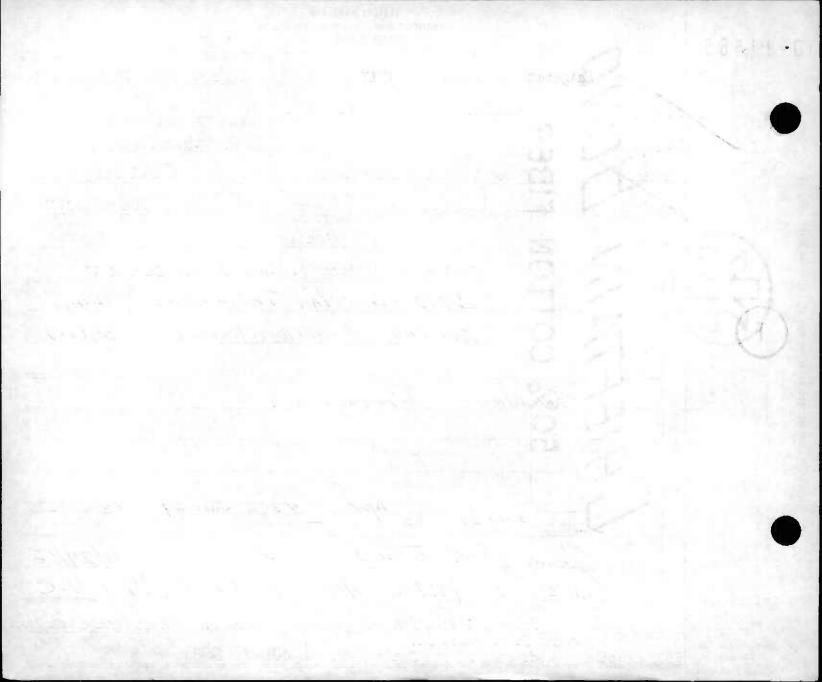
ince George Maryland

COUNTY

STATE

24 FUNERAL DIRECTOR Francis J. Collins, Dr. Jr. 500 University Blvd. West Silver Spring, Md. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 1986

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR REG NO DECEASED NAME DATE KNOWN X (TYPE OR PRINT) OF 3 TO THE FUNERAL DIRECTOR.
IN PAGE 5 FOR YOUR FILES.
LE FILED, WITHIN 72 HOURS
LS, 201 W. PREGTON STREET, 13/19 86 Oliver Hyde DEATH MATED 6/ David 4 RACE 3 SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED 13/19 86 DEAD Male Black 12 25 65 21 YRS TO BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! St. James, Jamica WIDOWED DIVORCED Jamica Prince George's County, B CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Washington Adventist Hospital Takoma Park Unemployed None RETAIN FOULD BE SUAL RESIDENCE (IF No. STATE Burtonville 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 3905 Blackburn Lane #14 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST PAGES TAND FIRST EIRS1 LLovd Hvde Dorthy 7. INFORMANT Hyde ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO YES, NO. OR UNKNOWNI LIE YES GIVE WAR OR DATES! Barrington Hyde Rockville Montg. unknown APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) HIEF MEDICAL EXAMINER ALONG USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, DRIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Gunshot Wound to Abdomen IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, SHE YES X NO [RITING THE WOR ED TO THE CH E 3 SHOULD BE U 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED. JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR KM MONTH DAY YEAR UNDERLYING OF CAUSE OF DEATH 2:05 P.M. 6/ 13/19 86 subject shot 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME. 21f LOCATION FORWARDED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) PAGE STATE 1420 University Blvd. Langely Pk., Pr. Geo. Md. apartment bldg. TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, YEAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STYL BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Hamicide X Undetermined manner death resulted fram: Natural causes Accident Suicide TITLE (SPECIFY) ACTUAL 6/14/86 DATE Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 07/R4 Burial Orange Cemetery Montego Bay Jamacia 24 FUNERAL DIRECTOR D BY REGISTRAR 257 REGISTRAR'S SIGNATURE **DHMH - 17** ADDRESS (VR A15 ME (5)) 4804 Ga. Ave., N. W., D. C. Vann&Williams

in 24 hour

1.	FOR - STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE & S	D.	0 8	03
	ECEASED NAME FIRST	MIDD			AST	20 DATE OF DEATH		YE AR	2b. HOUR A
	John	Micha	el		gneri	June 13, 1			1:20 m
3. SE.		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.
	ale	Caucasia		Octo	ber 18, 1925	60	YRS.		
	SIRTHPLACE (STATE OR FOREIGN COUNTY) and	U.S.A.	AT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED DO DIVORCED	9 BALTIMORE CITY O Prince Ge	- Part	OF DEATH	MD.
	heverly		CILITY, GIVE STREET A	DDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION OF CADIE Spli	ON	IZE KIND O INDUSTRY Telep	hone Co.
13a. S	JAL RESIDENCE (IF NURSING HOM STATE 13b CC [aryland Pri	DUNTY 13c	e residence before a CITY OR TOWN heverly		13d. INSIDE CITY LIMITS? YES P NO []	13e.STREET ADDRESS / 6402 Kilm		eet 2	0785
14. FA	ATHER'S NAME Fifippo	WIDDLE	Ingegne	ri	15. MOTHER'S MAIDEN NA/ Sådie	WIDDIE		Scarc	ella
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) W.		579-26-1		Mrs. Angelin			ame as	Line #1
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS	S A CONSEQUE	NCE OF	ny lung	ww.	3	h	
CERTIFICATION	PART 2 OTHER SIGNIFICAN				NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED OF DEATH?
-						- 14.4			NO I
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING C CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.M. INER) P.M.	MONTH DA	Y YEAR	21c. HOW INJURY OCCURE		Œ.	_	NO []
MEDICAL CERTIFI	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. INER) P.M. 21e. PLACE OF	MONTH DA	19	216. HOW INJURY OCCURE 211 LOCATION STREET	ED (ENTER NATURE OF INJU	Œ.	COUNTY	STATE
	OR CONTRIBUTING CAUSE OF (# EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this has sow the deceased alive	DEATH HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET, on	MONTH DA INJURY FACTORY, OFFICE, FA eccessed from	19 RM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE that (I) (we) lost
	OR CONTRIBUTING CAUSE OF (# EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220 L certify that (I) (this his sow the deceased alive above, (I) (we) (did) (did 22b. SIGNATURE	DEATH HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET, on	MONTH DA INJURY FACTORY, OFFICE, FA eccessed from	19 RM, ETC)	211 LOCATION SIREET 19 d that in (my) (our) opinion of DEGREE	CITY OR TO	wn ju	COUNTY	STATE that (I) (we) lost couses stated SIGNED

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia

should be detoched for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene prio

24FRANCISECGASCH'S SONS FUNERAL HOME, P.A. (VRA 15, 4) 4739 Baltimore Ave., Hyattsville, Maryland

23b. DATE

6/16/86

230 BURIAL, CREMATION, REMOVAL

Burial

Ft. Lincoln Cemetery P.G., Maryland Brentwood, 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
JUN 19 1986

CITY OR TOWN

19

23d LOCATION

(VR A15 ME (5))

STATE OF MARYLAND

62 7561 50 m A.B .W .D .I HOTOM HEAV

THE PART STEELS

THE CREWTONG BOARD X 716 Crawford Board

JENITA EMETRO 1922 ALINEA

\$1, 112 W

TYCH GITTMEN J. OF THE GON C J. CH. TIE J. MI. THE SM.

6/19/6

STORY THE INTERPRET

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THE RESERVE SHARE BOUNDED THE TELEVISION

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ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT)
SUBHIR K-JULKA 22e. ADDRESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 86 BURIEL 24. FUNERAL DIRECTOR MODERN FUNERAL Home 3821-14 ST

DEGREE

22t. DATE SIGNED

DHWH - 16 50M 7/84 (VRA 15, 4)

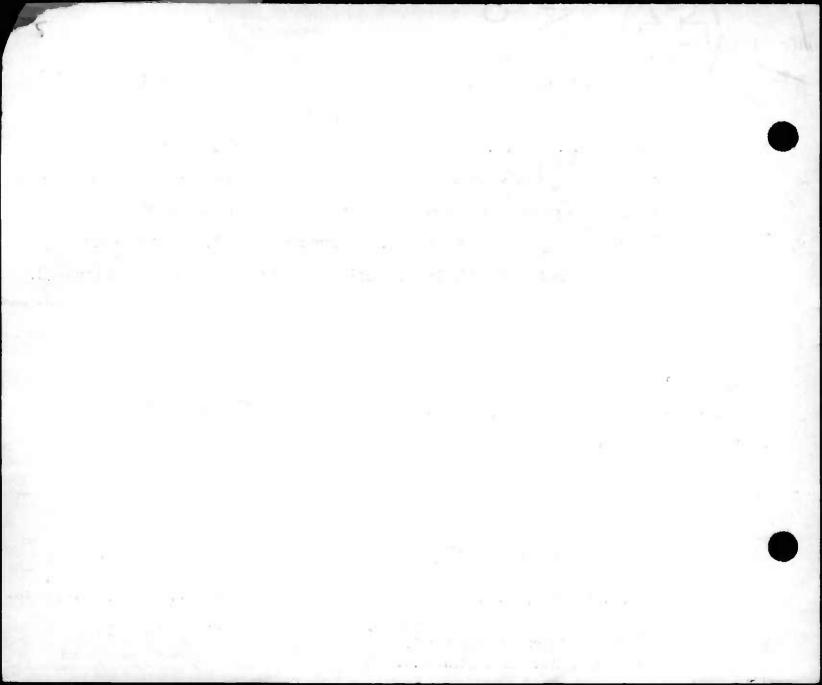
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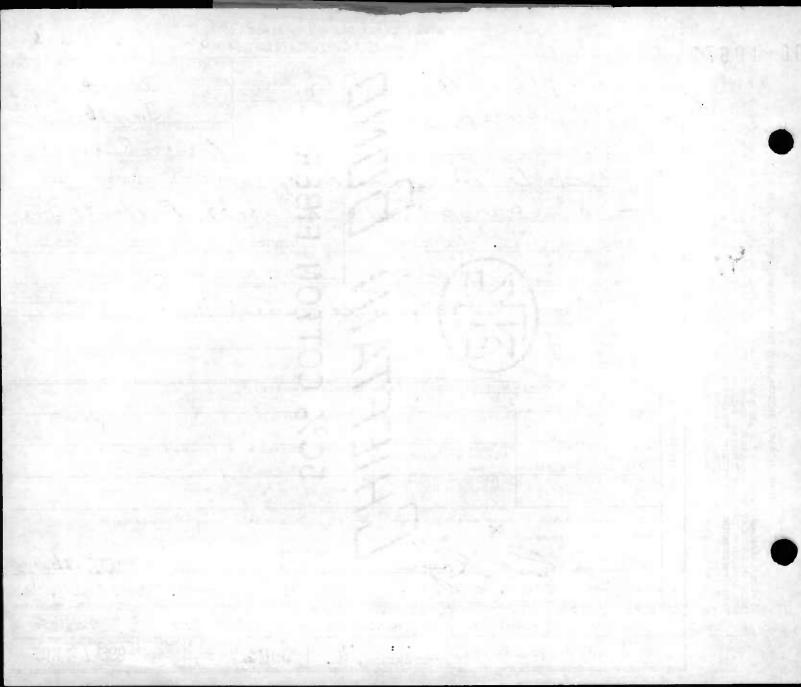
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 2a DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 9:15A 86 Frederick Johnson 6-10-4 RACE 5 DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HRS 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) HONTH Black. Male YRS. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George Washington D.C. DIVORCED WIDOWED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET 10234 Prince Place Supervisor Postal Service Largo USUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 130 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE ecuted within 24 Maryland Prince George Largo 10234 Prince Place YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME N AN IDDUE MIDDLE Richard Johnson Sr. Dorothy Stevenson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) 1948 - 1952 Elizabeth Johnson 10234 Prince Pl Largo Md 195-18-3898 ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I, DEATH WAS CAUSED BY corban IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Carcinoma of the Pancrease Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse ö PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 prior 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? burial-transit perr per NO YES 🗍 NO | y s 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH fem (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ō CITY OR TOWN COUNTY STATE puo (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET marked NOT WHILE 22a.1 certify that (1) (this hospital) attended the degeosed from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated to above, (1) (we) (did) (did not) view the body ofter death ild be detoched f the Stote Dept. of If Hem 226. SIGNATUR DEGREE 22c DATE SIGNED 6/10/X6 ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT) Md. Belcrest Rd., Suite 902, Hyatts. shoul with Khatri 0 16 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE June (SPECIFY) 1986 Highland Park, Buria Harmony Maryland 24 FUNERAL DIRECTOR McGuire Funeral Service DHMH - 16 50M 4/83 (VRA 15, 4) 7400 Georgia Ave. Washington, D.C.



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	O MEDICAL EXAMINER: T XECUTE THE CERTIFICATE, AGE 4 SHOULD BE FORM, OF THE RESTORE PO FIER DEATH, WITH THE ST ATTMORE, MARYLAND, 2	1	EXAMINEDS NAME JO	ohn S. Rog	geas, DME	ADDR	1919 Se	minary Rd	 Silver 	Spring	, Md.
	PAGE PAGE AFTE BATTE	23a B	URIAL, CREMATION, REMOVAL 2	2h DATE	123c NAME OF CE			3d. LOCATION			
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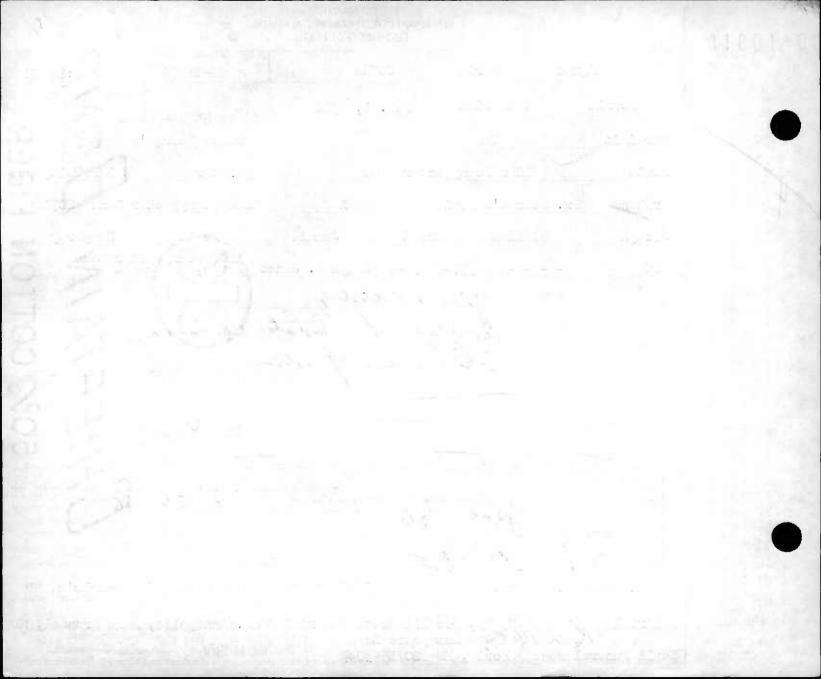


(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) Marie JONES Agnes 06 - 26 - 868:20 PM 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX MONTH YEAR Female Caucasian Feb. 1912 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY Virginia Prince George's County WIDOWED DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFES INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bowie Operator C & P Telephone Pennypacker Lane ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMI 136 COUNTY 13e STREET ADDRESS / ZIP CODE 1208 Pennypacker Lane 20716 Maryland Pr. George's 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Belle Humphrey Jennie Joseph Pearson 1208 Pennypacker Lane In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Ralph G. Jones Bowie, MD APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per me for in the or PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). te Caroenomy Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause NOT RE ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED V CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUGE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF LOWN COUNTY AT HOME STREET, FACTORY OFFICE, FARM ETC) WHILE NOT WHILE 1208 Pennypacker Lane, Bowie, MD 20715 PG. 5/28/8610 220.1 certify that (1) (this haspital) attended the deceased, saw the deceased alive on and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did null-22b. SIGNATIM DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF 06-27-86 PHYSICIAN DIRECTOR PHYSICIAN ould be the St PORTAN 22d PHYSICIAN'S NAME ITHE OF PIE 22e ADDRESS Dr. James W. Harding 7525 Greenway Center Dr. #316 Greenbelt, MD 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY Hillcrest Memorial Gdns. Annapolis. Anne Arundel 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 440 800 Annapolis Road DHMH - 16 60M 7/84

Bowie, MD

www.waren-Mondalle



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

retained by the haspital or attending physician.

MPORTANT: If Item 21 is marked or Item 18 that sary injury, or other traumotic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pagers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

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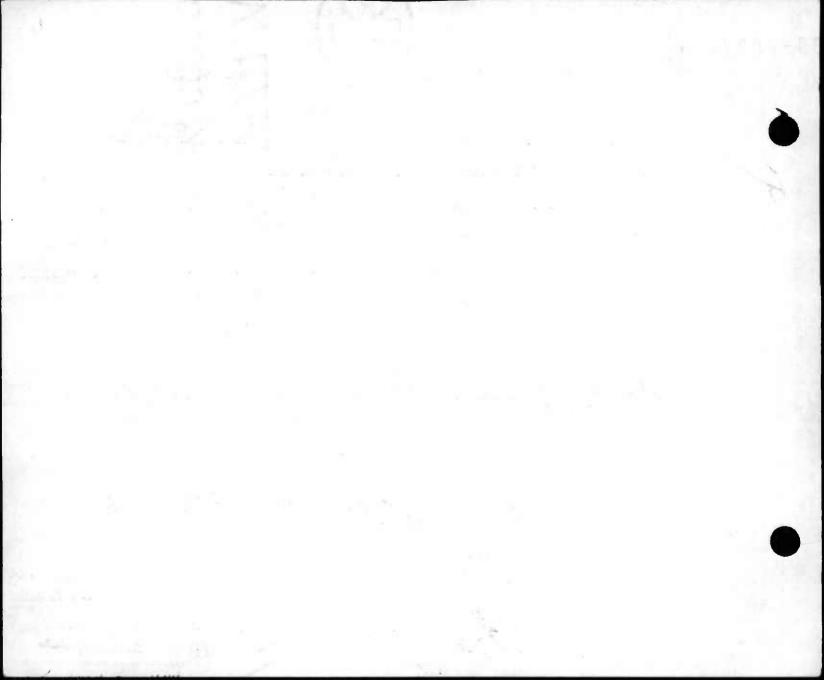
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REG. NO.				

	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYGI	REG. NO.	80	10	
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	3. SEX	(4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	HOURS MIN.	-
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2	He. S	AL RESIDENCE (IF NURS TATE aryland	136 COUN	4TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Largo	ADMISSION)	YES 🔣 NO 🗌	13e.STREET ADDRESS / ZIP 9973 Campus		2078	3
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7	1	YORK			MOREHEAD)	ANNIE		MAR		
,		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRESS			-
	N		(IF YES, GIV	E WAR ON DATES!	246 07 8	3373-A	Fred Jones-s	on-9973 Campu	s Way So.	Largo Md	
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-/-		Medi	et.	Tom	mi		ATTENDING PHYSICIAN	DIRECTOR STAFF		3,0,465	_
		MEHDI	P P		IM		7525 Freen	way CTR.	dr. Graci	TOTTO	4
		BURIAL, CREMATION,	, REMOVAL	23b. DATE	23€. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE	
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DHMH - 16 50M 4/83 (VRA 15, 4)



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician

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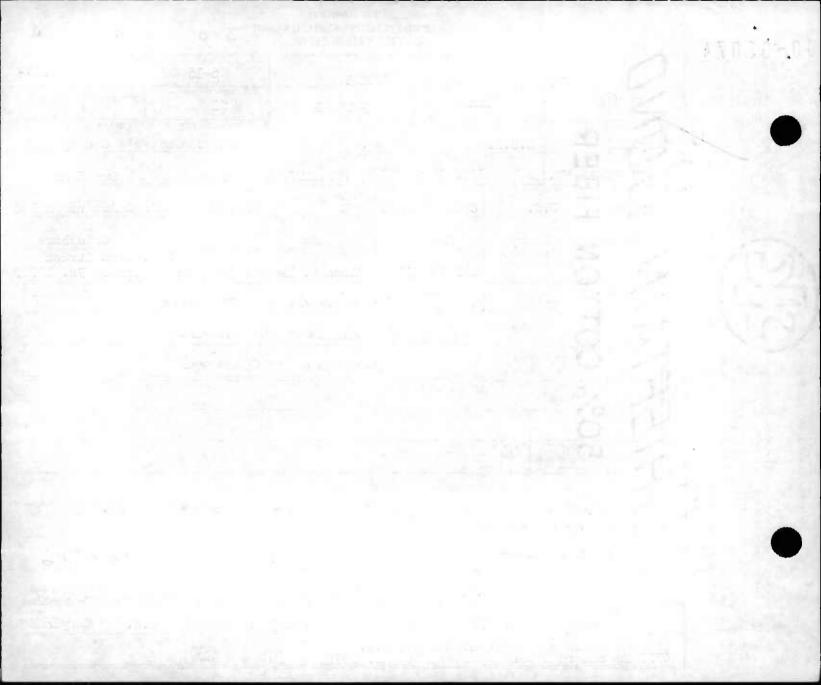
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.				

FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGI	IENE 8 6	18	0 1 2
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3 SEX FEMALE	4 RACE	ite	5. DATE C	7-10-03 YEAR	6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	VHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF		
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Maryland P		GIVE RESIDENCE BEFORE 13c. CITY OR TOWI College	N	13d. INSIDE CITY LIMITS? YES 🚻 NO 🗌	13e.STREET ADDRESS / 9014 Rhode	ZIP CODE Island A	venue 2074
4 FATHER'S NAME FIRST George	Middle Henry	Morga	an	IS MOTHER'S MAIDEN NAM	MIDDLE		Goldsboro
160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT		53 W. Mai	
No		213-74-6	5584	Glenn O. Kee	nan (Son) D		e, Pa. 1731
Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT 19g DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING		NTRIBUTING TO E	ENCE OF	NOT RELATED TO THE TERMI	CLUMA INAL DISEASE OR CONE 1200 AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
THIC					YES NO	IN CERTIFYING CA	USES OF DEATH?
OR COLUMNIA COLUMN OF DE	HOUR A.A	A. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PA	RT 2)
OR CONTINUED THE CAUSE OF DETERMINED THE CAUSE OF DETE	21e PLACE C	OF INJURY SET, FACTORY, OFFICE, F	ARM ETC	211 LOCATION STREET	CITY OR TO	NN COUN	TY STATE
27±1 certify from at this home saw the decreased care to above, care was uncled this n	ot: view the body	19_	86	nd that in (my) (our) opinion o	death occurred on the do	te and hour and from	, that (I) (we) lost m the causes stated
22h SIGNATURE				ATTENDING PHYSICIAN	MEDICAL STAF		DATE SIGNED
22d PHYSICIAN'S NAME TYPE				22e ADDRESS			
Abraham Da	bella, M	.D.		4404 Queenst	oury Road Ri	iverdale,	Md. 20737
230. BURIAL, CREMATION, REMOVA (SPECIFY) Buria1	23b. DATE 06/17			emetery or CREMATORY ncoln Cemetery	Brentwood	P.G.	Maryland
Francis Gasch's 4739 Baltimore	Sons Fu	neral Hon Vattsvill	ne, P.	A.	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIG	SNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detoched for use as the buriol-transit permit. Then please remove corbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removo IMPORTANT: If them 21 is marked or item 18 shows any injury, or other traumatic event,



nn Iverana	1.	FOR STATE REGISTRAR			DEPART		EALTH AND M ICATE OF DE		ENE 8	6	1 8	Ü	1 1
00-10898		CEASED NAME OR PRINT)	FIRST		WIDDLE	*	AST		20. DATE OF	REG. NO.	NTH DAY	YE AR	26 HOUR
A Kom	3. SE	×	ern	4. RACE	Franklin	5. DATE C			6 AGE (IN YE	ARS LAST BIRTHDA		00 NDER I YEAR	UNDER 24 HRS
oge 4	1	m		u)	12		1914	71		YRS.		HOURS MIN.
4 11 1	4	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF V	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MA	ARRIED -		ECITY OR CO		DEATH	MD.
b	10. €	TY OR TOWN OF DEA	тн	11 NAME OF H	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTIT	TUTION	12a. USUAL C	CCUPATION FOR MOST OF WO	1	2b. KIND OF NDUSTRY	BUSINESSOR
of the first of th	USU. 13a.		13) COUN	OTHER INSTITUTION.	TON ADVE GIVE RESIDENCE BEFOR 13¢. CITY OR TOW	(N	13d INSIDE CIT	Y LIMITS?		DDRESS / ZI			21773
RYLAN GOOD	NE FA	THER'S NAME		DERICK_	MYERSV	ILLE	15. MOTHER'S	MAIDEN NAM		Brand	enburg	g Holl	low Rd.,
Comp comp	-	LMER VAS DECEASED EVER		LLIAM MED FORCES?	KEMERE 166 SOCIAL SECL		JES 17 INFORMAN	SSIE		MARIE ADDRESS	Myersy		NAL
TIMOR on and L'Page	YE	ES, NO OR UNKNOWN)	WW I	WAR OR DATES)	213-12-	1005	DORIS E	FAY KEM	ERER	-		enburg	HOLLOW ANTE INTERVAL INSET AND DEATH
(DS, 201 W. PRESTON ST quies that the death cert signed by the attending i hen please senow corbon the build, cremation, or res njury, or other traumatic es	NO	Canditians, if any, gave rise to immocouse (a), statin underlying cause	which nediate g the last.	DUE TO, OI	R AS A CONSEQUE R AS A CONSEQUE CALL	opalm UU (U	runom	a lung		or conditie	On GIVEN I	IN PART Ita	
AL RECOR	THICATI	9a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTO		b. IF YES, WE CERTIFYING YES	G CAUSES (
VISION OF VITA G PHYSICIAN. T otheriding physics for this centricine out Mentod thyou had on them 18 to	MEDICAL CER	21a. ACCIDENT WAS UNCOR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF DEA	HOUR A.I P.I 21e. PLACE (m. month d m.	AY YEAR 19	211 LOCATION STREET		ED (ENTER NAT	URE OF INJURY IN		OR PART 2)	STATE
DIV CR ATTENDING DIRECTOR After Debt of Hose or or Dept of Hose or or Dept of Hose or		27a. I certify that (I) saw the decease above, (I) we)/c 27b SIGNATURE	(this haspited alive an.	0/2	19_		d that in (my) (d	aur) apinian d	ta eath accurred MEDICAL	d an the date of			
TO HOSPITAL referenced by the TO FUNERAL should be der with the Stories with the Stories (MPORTANT,	730 1	22d PHYSICIAN'S NA MYCHAN W BURIAL, CREMATION,	ME (TYPE OF		Gleenu	-		M G		PHYSICIAN	nary	,	3077
	1.03.	SPECIFY)	NE/MOTAL	TAN. DAIL	130	., JAIL OF C	EMETERI OR CR	NEMIATOR	CITY	ORTOWN	50	DUNTY	STATE

G. Douglas Stauffer

1621 Opossumtown Pike, Frederick, MD

STATE OF MARYLAND

Brandenburg Hollow APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ION GIVEN IN PART Ita 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗌 IN ITEM 18 PART 1 OR PART 2) COUNTY _, that (I) (we) last and have and from the causes stated 7/2/86 Salem United Methodist Wolfesville Frederick 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE in No idam Handelle

DHMH - 16 60M 7/84

BURIAL 24 FUNERAL DIRECTOR

(VRA 15, 4)

Maybe has haven tratife similaring a field as of the boundary - 15-1-31, with the plant of 25-20. It was not been as the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR STA REG				DEPARTA		EALTH AND I	MENTAL HYG DEATH	IENE 8	6 REG. NO	1	8)	i,	3
-	1. DECEASE		FIRST	^	MIDDLE	i	AST		20. DATE OF	DEATH	MONTH	DAY YEAR	2b	HOUR	A 1
-		D41	MHOL	H	ENRY	K:	IDWELL			Ju	me 07	,1986	1	5:05	A.I
	3. SEX			4 RACE		S. DATE C			6 AGE (INY	EARS LAST BIRT	HDAY)	IF UNDER 1 YE		UNDER 24	_
		le		Caucas		+	1/13/2	7	59		YRS.			OURS /	MIN.
	COUNTR	ACE (STATE OF	r foreign	USA	WHAT COUNTRY?	8. MARRIE WIDOWE	DE DE	WARRIED	9 BALTIMO PRIN	_	_	OF DEATH			MD.
1	CLIN	TOWN OF DE	EATH	SOUTHE	HOSPITAL, NURSIN HEACHTY GIVE STREET RN MARYLA	ADDRESSI	SPITAL		Truck	K FOR MOST O	F WORKING LI		RY	USINESS	Co
100	130 STATE)	13b. COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Upper	N	13d INSIDE C	NO 🏋				e gham	Rd/	207	72
4	14 FATHER	'S NAME FIRST		WIDDIE	LAST		15 MOTHER'S	S MAIDEN NAM	ΛE	MIDDLE			LAST		
1		Benjar	min	н.	Kidwel	1	E	lizabe	th	V.		B	OSW	ell	
		ECEASED EVE		MED FORCES?	16b. SOCIAL SECU		17. INFORMA	_	Spouse	ADDRE	SS				
	No				213-46	-7539	MARG	ARET J	. KII	OWELL	S	ame	as	13	
	gov	nditions, if on re rise to in se (o), stot lerlying cous	nmediate	DUE TO, OF	R AS A CONSEQUE	NCE OF	and	lung	de	larc	year.	ii.			
		T 2 OTHER SIC	GNIFICANT C	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	E OR CONI	DITION GIV	VEN IN PART	Tro		
7	CERTIFICATION 190° D	ATE OF OPER	ATION	19h CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTC	PSY?	IN CERTI	S, WERE FIN FYING CAU	SES OF		?
-	000	ACCIDENT WAS U	CAUSE OF DEA	TH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW IN	IJURY OCCURR							
	WEDICAL WHI	INJURY OCCU	WHILE []	21e. PLACE (OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET			CITY OR TO	WN	COUNTY		STAT	TE
				tol) oftended the	e deceosed from_ 5 19_8 ofter death.	May 36o	29 nd that in (my)	, 19 <u>86</u> (our) apinion c		ne 7	ote and hou	19_86 ur and from		t (l) (we	
1		SIGNATURE	flow	fain	i	n	DEGREE A	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF	F IAN 🔲	22c. D	ATE SIG	PZ	
	22d. [PHYSICKOUST	NAME (INSO		ician		22e ADDRES	5 9450 Der 1	Peni	1. A Ibor	W. 7	#18	20	7/2	

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely

as the burial-transit permit. Then the and Mental Hygiege prior to bu

should be detached for use as with the State Dept. of Health IMPORTANT: If Hem 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial 6/11/86

24 FUNERAL DIRECTOR

23b. DATE

231. NAME OF CEMETERY OR CREMATORY Thomas Church 23d. LOCATION

STATE

rch Croom Pr. Geo. MD

in DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JUN 10 1000 1.8. A. ... Fulia Davidon- Mandalle

FUNERAL HOME, INC., WALDORF, MD

12 (E) 4 (13) 21 E) E .co reed and read the control for in En Coo. Oppos Mari C 172 0 Total as addition of Timenal ." Stratestin . Hawaii il nimejas. THE REAL PROPERTY OF STREET AS A STREET, AS A STREET AS A STREET, AS A Colder D. Janes C. Marse L. There was the first of the same

The control of the case of the case of the control of the case of

The Canal State INS VALUE of State of S

filled in by the funeral director page 3 ayd be filed within 72 hours offer death

within 24 hours often

requires that the death certificate be executed

STATE OF MARYLAND

FOR STATE REGISTRAR		DEP	PARTMENT OF H	EALTH AND N		IENE 8	REG. NO.	Î	8) 4	4
DECEASED NAME	FIRST	WIDDLE	L	AST		20 DATE O	F DEATH M	ONTH I	DAY YEAR	26 HOUR	Δ
(TITE ON PRINT)	Thelma	Katherine	K	nox				6	5 86	1:04	M
3 SEX	4 R	ACE	5. DATE O		YEAR	6. AGE (IN	YEARS LAST BIRTH		IF UNDER I YEAR		5
Female		White	March		1904	82		YRS			
TO BIRTHPLACE (STATE OF	FOREIGN 75 (ITIZEN OF WHAT COUN	NTRY? 8	D NEVER M	ARRIED	9 BALTIMO	ORE CITY OR	COUNTY	OF DEATH		
Virginia		U. S. A.	WIDOWE		ORCED 🔀	Pr	ince Ge	eorge	s Coun	ty ,	мD
18. CITY OR TOWN OF DE	ATH 11.	NAME OF HOSPITAL, N		R OTHER INST	TUTION		OCCUPATIO			OF BUSINESS C	R
Riverdale		Leland Memo		pital		474	Maker		Ho		
USUAL RESIDENCE (IF NUR	136 COUNTY	ER INSTITUTION, GIVE RESIDENCE		134 INSIDE CI	TY HAAITS?		ADDRESS / 2		1	1-10	7
Maryland	Prince	- 1 - 1 - 1	sville	YES 📆	NO [venu	OX	0/80	9
14 FATHER'S NAME	MIDD			15. MOTHER'S			WIDDLE				
Joseph	E	. Hershber			rtha.		WIDDLE	L	Ineber	rer	
160 WAS DECEASED EVER		FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMAL		-	ADDRES				
(YFS, NO OR UNKNOWN)	(IF YES, GIVE WA	21 5-36	6-5448 M	Nancy	Waldo	Silve	r Spit	ne. I	farvla	nđ	
A 1 A .	mediate ing the e lost.	DUE TO, OR AS A CON:	SEQUENCE OF A	on of the lated of En	Preudal tall	l'lere INALDISEAS		TION GIV	EN IN PART I	lio	
190 DATE OF OPERA	ATION	196 CONDITION FOR W	VHICH OPERATION	N WAS PERFOR	RMED	200 AUT				INGS USED S OF DEATH?	
The DATE OF OPERA 190 DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTHY MEE AT WORK AT WORK NOT WATTER AT WORK	CAUSE OF DEATH DICAL EXAMINER) RRED WHILE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	DEFICE, FARM, ETC.)	ZII LOCATIO STREET	ury occurr n	RED (ENTER N	ATURE OF INJURY		ART I OR PART 2)	STATE	
sow the deceo	sed olive on	ew the body ofter death.	19.8 , on	DEGREE	our) opinion of	MEDICAL	CTAFF			that (I) (we) lose couses stated E SIGNED S. J. 6	>51
22d. PHYSICIAN'S N	SING			BLA		2. Ar	G 1	MO	RO 2071	#9	
23a. BURIAL, CREMATION	, REMOVAL 2	3b. DATE	23¢ NAME OF C	EMETERY OR C	REMATORY	23d LOC	ATION	(F. 196)	COUNTY	STATE	
Burial		6-7-86	Mt. Zic	on Ceme		Lu	ray	I	age	Va.	
24. FUNERAL DIRECTOR		ADD	PRESS		25a DATI	E REC'D. BY	REGISTRAR 25	b. REGIST	RAR'S SIGNA		

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phishould be detached for use as the buriol-transit permit. Then please remove corbands with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remain

TO HOSPITAL OR ATTENDING PHYSICIAN, The low retoined by the hospital or attending physicion.

injury, or other troumatic

IMPORTANT: If Item 21 is morked by

(VRA 15, 4)

Bradley Funeral Home

			Katherine	
	82	16, 1904	March March	Temale
		х	U. S. A.	Virginia
Home	Home Maker			
en ue.	5301 42nd Av	х	rince Geor Hyattsville	Maryland
Lineberger		Lartha	E. derebberger	Joseph
bas [vers]	Silver Sprin	ency waldo	215-36-5448 11.1	No

Burial

6-7-86 Mt. Zion Cemetery

Bradley Funeral Home Luray, Va. 22835 . :

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH CECILE LEAVELL June 5 1986 77 1:00 AM 5. DATE OF BIRTH 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) Female White 06-20-1911 74 vears TO BIRTHPLACE ISTATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED PRINCE GEORGE'S Virginia U.S.A. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Homemaker Private Branchwood Towers Same as 13 Clinton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 8600 Mike Shaptro Drive # 905 Maryland Prince Geols Clinton 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Eppa Haywood Leavell Jessie Berry 60 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 4100 Cottage Terr. 16b SOCIAL SECURITY NO Adelaide M. Leavell Cottage City, Md. 20722 577-36-9276 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate couse (o), stating the underlying couse lost. CATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

			YES NO	YES	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN I	TEM IB PART I OR PART ?)
(IE EITHER NOTIEY MEDICAL EXAMINER)	P.M. 19				
21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE EARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
AT WORK	7011	10 pla	Manual C	to 1	
	ottended the deceased fram	ALY 11 19 80	, to [[FRIL 25	19_0	, that (I) (we) la
sow the deceased alive an	view the body after death.	a that in (my) (aur) apinion	death accurred on the date o	nd hour and from t	he causes stated
27% SIGNATORE		DEGREE		22c DA	TE SIGNED
Charald	Hayery M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	06.	-06-86

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL

22d. PHYSICIAN'S NAME

Ozzie Haye

231 NAME OF CEMETERY OR CREMATORY

9131 Piscataway Rd. Clinton, Md. 20735

23b. DATE Cremation 6-6-86 Lee Crematory 24 FUNERAL DIRECTOR

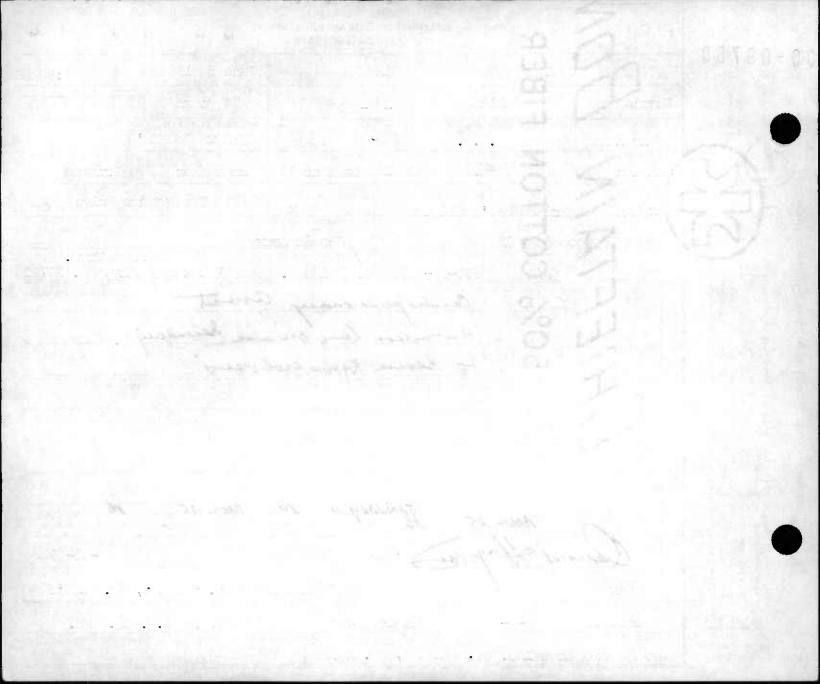
Clinton P.G. Co.

6633 Old Alexander Ferry DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Lee Funeral Home Inc. Rd. Clinton, Md. 20735

we willing, roggoung to me

DHMH - 16 60M 7/B4 (VRA 15, 4)

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0-10660

FOR

STATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENT AL HYGIENE

1	0	
	DEC	NO

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.	0,0
	CEASED NAME	FIRST	A	AIDDLE	(AST	20 DATE OF DEATH	MONTH DAY YEAR	R 26 HOUR
(I TPE	: OKPKINT)	ANNA	M		L	EFTWICH		06-16-86	3 :25AM
3. SE.	Х		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BE		
	Female		White		May		70	YRS.	AYS HOURS MIN
	RTHPLACE (STATE OR F	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED		OR COUNTY OF DEATH	
	ashingtor	DC		IISA	WIDOWE		PRINCE GE	ORGE'S COUN	ITY
10. C	ITY OR TOWN OF DEA			IOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPAT		D OF BUSINESS OR
	HEVERLY		PRINCE	GEORGE'S	GENER	RAL HOSPITAL	Travel (Clerk U	
	AL RESIDENCE (IF NURS	13h COUN		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE	
Ma	aryland		Geo	Brentw		YES NO	and the second second	thur Stree	+ 20722
14. FA	ATHER'S NAME		MIDDLE	1467		15 MOTHER'S MAIDEN NAM	WE	HILL DET GA	
/ :	Thomas			erath		Margar	et	Тап	ner
	WAS DECEASED EVER			166 SOCIAL SECU		17 INFORMANT	ADDR	ESS .	mer
(YES, NO ORUNKNOWN)	(IF YES, GIV	E WAR OR DATES)	578-05-	0171	Ronald Pa	ul Leftwi	ch Same	as #13
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter or	ily one couse per	line for (o), (b), one	d (c).)				ROXIMATE INTERVAL EEN ONSET AND DEATH
	PART I. DEATH W		D BY:	Cardiol	0	rrest			
	1000	DVIVIL DIA		R AS A CONSEQUE	2-10-1		A .	~	
1	Conditions, if any,	which	(6)	Metabo		acidosny L	incar SMM	Destate	
	gove rise to imm	nediate	DUE TO OF	AS A CONSEQUE					
		ouse 101, stating the lost DUE TO, OR AS A CONSEQUENCE OF Severe arrund 4 Sevan C.14 D						14.1)	
	PART 2. OTHER SIGN	VIFICANI	10			NOT RELATED TO THE TERM			l lia
ON		Po	Bubli	Senti	cem	La			
CERTIFICATION	19a DATE OF OPERA	TION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	
TIE							YES NO	YES	NO [
CER	21a. ACCIDENT WAS UND		216. TIME O	FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR PART	2)
	OR CONTRIBUTING (IF EITHER NOTIFY MEDIC		4111		19				
MEDICAL	21d. INJURY OCCURE		21e. PLACE (OF INJURY		21f. LOCATION STREET	CITY OR 10	OWN COUNTY	STATE
¥	WHILE NOT WH	RK	(AT HOME, STR	EET, FACTORY, OFFICE, F.	ARM, ETC.)	ZIKEEL	CITY OR IT	JWN COUNTY	STATE
	22a.1 certify that (1)		tal) attended the	decgased from_	6-	15- 19.86	to 6/16	1986	
	saw the decease above. (I) (we) (c	ed alive an	6/1	19.8	26 , or	nd that in (my) (aur) apinion o	death occurred on the	late and hour and from	the causes stated
6	226. SIGNATURE	7000110	/. I view the body	diger death.	Λ.	DEGREE	/	72 E D/	ATESIGNED
20		-	Ku	July	1100	ATTENDING PHYSICIAN IT.	MEDICAL STA		16/86
ri e	22d. PHYSICIAN'S NA	AME (TYPE C	R PRINT)	0		22e ADDRESS 330	OF PER		100
9	S. C	. 4	RYAN	1647	10	, 00	CAINIER		07/2
23a E	BURIAL, CREMATION,			- 1	IAME OF C	EMETERY OR CREMATORY	123d LOCATION		0112
	Burial		19Jur			Hill Cemete	CITY OR TOWN	tland PG	Md
24 FL	JNERAL DIRECTOR T	+ 0	Milholr				-	25b. REGISTRAR'S SIGN	
	Funer	alH	ome	Sui	tland	d, Md.	11996 /	Dender R	Telle
						CIA 2 4 10 0	I I I I I I I I I I I I I I I I I I I	THE RESERVE OF THE PARTY OF THE	-

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

(VRA 15, 4)

THE PERSON AND THE PERSON DESCRIPTION OF THE PERSON NAMED IN CO. L. P. L FIGURE EROPINE med texts on the liver to the state of the s Thirt was albums 1727 In Av. the die State Legit of pages of a supplyed to be been to be supplyed to 388 F P MULT

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DIRECTOR

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Item 18

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21

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IMPORTANT

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should be detoc FUNERAL

CERTIFICATION

MEDICAL

STATE OF MARYLAND

DEP

ARTMENT OF HEALTH AND MENTAL HYGIENE	44	
CERTIFICATE OF DEATH	0	-

OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	IENE 8 O REG.	NO.	8	Ü	S. March	8
LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
LEWIS	JUNE	25,	19	86	10:	31A,
DATE OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	R 24 HRS
ecember 5, 1919	66	YRS.	MONTHS	DAYS	HOURS	MIN.
ARRIED NEVER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF DE	ATH		100

BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? Washington, D.C. U.S.A. WIDOWED

MIDDLE

A.

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DIVORCED [

12g. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Exterminator Exterminating

Prince George's County

Hospital of Pr. Geo. Co. JSUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

30 STATE

136. COUNTY

137. CITY OR TOWN 13c. CITY OR TOWN Maryland P.G. Co.

MIDDLE

PHILLIP

4. RACE

White

Greenbelt

LAST

13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? YES X NO 15. MOTHER'S MAIDEN NAME FIRST

Edna Mae Lewis

14B Crescent Rd. 20770 LAST

FATHER'S NAME Unknown

10 CITY OR TOWN OF DEATH

Lanham

- STATE REGISTRAR DECEASED NAME

TYPE OR PRINTS

3. SEX Male

> Lewis 16b. SOCIAL SECURITY NO

17. INFORMANT

ADDRESS (Wife) Same as # 13.

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)

Yes

FIRST

18 CAUSE OF DEATH (Enter only one couse per line for (a) 4b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF

SCUL

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse

DUE TO, OR AS A CONSEQUENCE OF

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(0)

Unknown

190 DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20g AUTOPSY?

NO

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO I

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

71d. INJURY OCCURRED NOT WHILE WHILE

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

CITY OR TOWN

COUNTY STATE

220.1 certify that (1) (this hospital) attended the deceased fram saw the deceosed alive of 2 of obove (1) (we) (did) (aid not) view the body ofter death

and that in (my) (our) opinion deoth accurred on the date and haur and from the causes stated

22b. SIGNATURE

24. FUNERAL DIRECTOR

DEGREE

STAFF ATTENDING MEDICAL PHYSICIAN TO DIRECTOR PHYSICIAN 22e. ADDRESS

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

BP

DHMH-16 30M 2/80 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE June/26/86 Cremation

23¢ NAME OF CEMETERY OR CREMATORY Chambers Crematory

CITY OR TOW

Riverdale, P.G. Co., Maryland EL REGISTRARISM REGISTRARIS SIGNATURE

Chambers Funeral Home Riverdale, Maryland

a [Value on (121)] and the Mana (121), who as 12.

no ke pik - no kyanou -1907 Bushey Will Dd. K.M. 20037 nii oroni ii. 1 0- - - - - - 5 - 5 -mend . Was . The last was a .er noterilar mag. .t o .t. motorify 381, Comm. jarelie -on .i. i. i. iville, ... in relief

TO FUNERAL DIRECTOR hould be detached for MPORTANT: II II

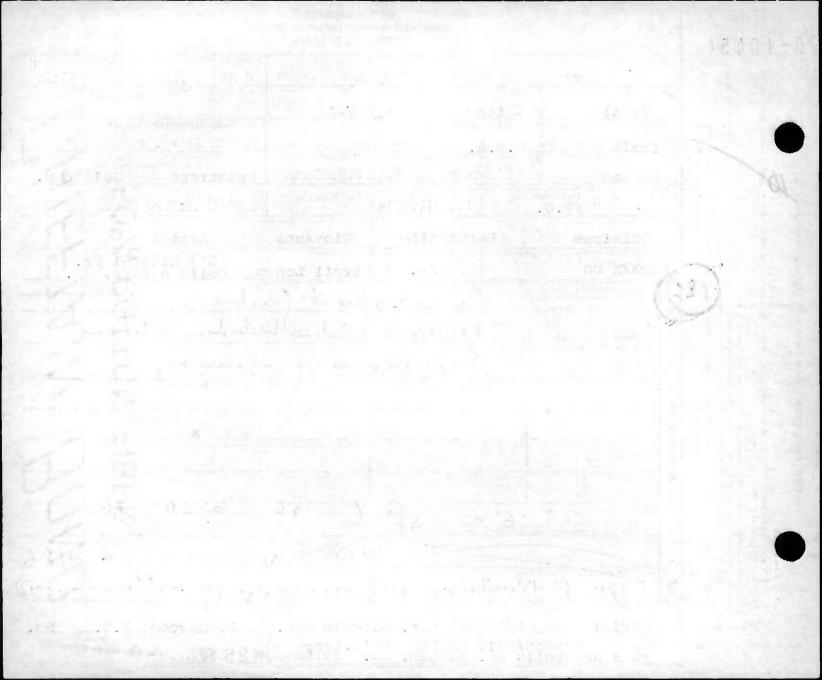
DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3	0		Ö	U	dies	U
	REG. NO.					

	FOR STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 O REG. NO.	8020
	I. DECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR P
	(TYPE OR PRINT) Mary	NMI	LONGO	June 20,1986	11:30 M
ı	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER 1 YEAR IF UNDER 24 HRS
A	Female	WHite	10/25/97	88 YRS.	NTHS DATS HOURS MIN.
7	To. BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY OF	FDEATH
6	Italy	II.S.A.	WIDOWED DIVORCED	Prince George's	MD.
ð	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSI	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR
5	Lanham	AMI/Doctors Ho		Seamtress.	Self Emp.
)	USUAL RESIDENCE (IF NURSING HOME OR 136. STATE 13b. COUN P.G	ITY I3, CITY OR IO	WN 111e YES NO	3800 Lottsford V	ista / 20716
1	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
	Guisippe	Barbagal	lo Giovanna	Abatti	
	160 WAS DECEASED EVER IN U.S. AR.	MED FORCES? E WAR OR DATES) 166. SOCIAL SEC 578–26–		7514 Citade go College Pa	rk, Md.
Ĺ	PART I. DEATH WAS CAUSE	ly one couse par line for any this o D BY: E CAUSE (a)	entre heard Fo	Silve.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DUE TO, OR OS A CONSEQUENT	DEATH BUT NOT RELATED TO THE TER	Melo fless bells MINAL DISEASE OR CONDITION GIVEN	I IN PART 110
2	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?
7		TH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART	
	OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceosed olive on obove, (I) (we) (did) (did no 22b. SIGNATURE	tol) ottended the deceosed from 19_10 view the body ofter death.	DEGREE ATTENDING PHYSICIAN	. to 19. I death occurred on the date and hour of MEDICAL STAFF DIRECTOR PHYSICIAN	nd from the couses stoted 22c. DATE SIGNED G 21/86
1	TO PHYSICIANISTIAME INTES	Montanez	. WD 3208 De	solpo PK Roll	andre WD
	23a BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	Burial	6/24/86 F	t. Lincoln Cem.		P.G. Md.
	PAME Rende	on/Hale Lanha lis Rd. Lanha	m Fun'1.Home 250.DA	UN 25 1986 Julia De	



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SIAIL	Ur m	HARIL	ARV

8 6 REG. N	10.	i	8	J.	2	
ATE OF DEATH	MONTH	DAY	YE	AR 2	b. HOUR	
	0.0	0.1	0/	12	100	

3. SE) M 76. BII 10 C1 13a. S M	ale RTHPLACE (STATE OR FOREIGN COUNTRY) assachusett TY OR TOWN OF DEATH CHEVERLY AL RESIDENCE (IF NURSING HON	A. RACE White 75. CITIZEN OF WHA S.S. US	LORD 5. T COUNTRY? 8. W SA W W W W W W W W W W W W W	DATE OF BIRTH AUGUST MARRIED NEV	^Y8 1949 VER MARRIED K	20 DATE OF DEATH 6 AGE (IN YEARS LAST B) 9 BALTIMORE CITY	36 YRS.	86 7	OPM UNDER 24 HE OURS MI
M M 10 C1	ale RTHPLACE (STATE OR FOREIGN COUNTRY) assachusett TY OR TOWN OF DEATH CHEVERLY AL RESIDENCE (IF NURSING HOA LTATE 136 C	White 7b. CITIZEN OF WHA S.S. U:	T COUNTRY? 8.	August	^8 1949 /er married 🖺		36 YRS.		UNDER 24 HE
10 CI	assachusett TY OR TOWN OF DEATH CHEVERLY AL RESIDENCE (IF NURSING HOA STATE 13 & C.	S US	SA W			BALTIMORE CITY	OP COUNTY		
130. S M	CHEVERLY ALRESIDENCE (IF NURSING HONDITATE 1136 CO	11. NAME OF HOSE (IF NOT IN SUCH FAC PRINCE (ITAL, NURSING H		DIVORCED [PRINCE GE			371
13a. S M	TATE 113b. C		GEORGE'S	HOME OR OTHER RESS) GENERAL	HOSPITAL	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST Crane O	OF WORKING LIFE)		
}4∩FA			CITY OR TOWN	ille PES	NO [13. STREET ADDRESS 2512 Lor:	/ ZIP CODE ring D	rive	207
1	Robert	Guy	Lord	I	HER'S MAIDEN NAM	E MIDDLE LOU		Henl	ey
	VAS DECEASED EVER IN U.S. VES, NO OR UNKNOWN) YES 19	GIVE WAR OR DATEST	SOCIAL SECURITY			L Tyrre		ame as	#13
NOIL	cause (o), stoling the underlying cause last PART 2. OTHER SIGNIFICAL	nt conditions <u>contr</u>		<u>th</u> but not rela					
CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION	FOR WHICH OP	eration was pe	ERFORMED	200 AUTOPSY? YES NO		WERE FINDINGS ING CAUSES OF	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O LIFETHER NOTIFY MEDICAL EXAM	F DEATH HOUR A.M.	MONTH DAY	YEAR 19 211. LOC	CATION	D (ENTER NATURE OF IN)			
W	WHILE NOT WHILE AT WORK		ACTORY, OFFICE, FARM,	JUNE 1	2 86	CITY OR T	91	COUNTY	STATE
7	226. I certify that (I) (this h saw the deceased alive above, (I) (we) (did) (did 22b. SIGNAT IRE 22d. PHYSICIAN'S NAME (T	on on the body offer	death, 19		ATTENDING PHYSICIAN DORESS 7525	MEDICAL STADIRECTOR PHYSI	AFF ICIAN []	22c. DATE SIG	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

NAME ROBert E Wilhelm
Funeral HOme

Suitland, Md.

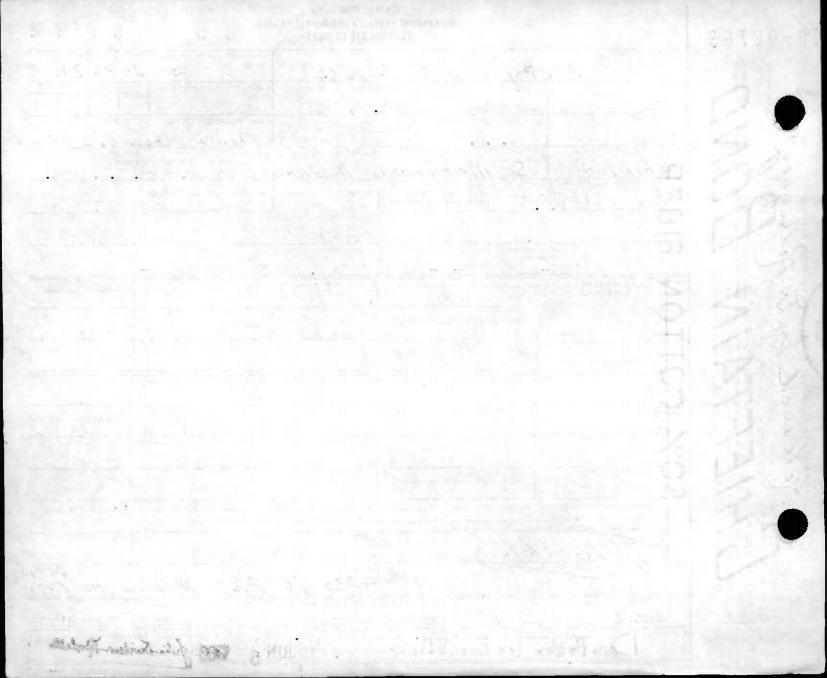
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME MIDDLE MONTH 26 HOUR (TYPE OR PRINT) 8 6 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH Male Caucasian Sept. 6. 1930 55 To BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Alabama U.S.A. DIVORCED [WIDOWED IR CITY OF TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HUSPITAL FAA Procur. Spect U.S. Govt. OR OTHER INSTITUTION GIVE RESIDENCE SEFORE ADMISSION USUAL RESIDENCE (IF NURSING HE OUNTY 13e.STREET ADDRESS / ZIP CODE Temple Hills 13d. INSIDE CITY LIMITS? 4410 Weldon Drive 20748 Maryland NO [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST Herbert Lovell Georgia Ensev ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT IYES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 1951-1954 Same as 13A-E 579-38-8926 Theda M. Lovell Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ ENTENSION & Massive Intraganistal DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO IT YES [710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER PAA 71e PLACE OF INJURY THE LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on, and that in (my) (aur) opinian death occurred on the date and hour and from the causes stated obave_(1) (we) (did)+did nat) view the body after death oched. DEGREE 22c. DATE SIGNED 0 ATTENDING A 4 MEDICAL STAFF O FUNERAL Double be detected the State D PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 234 PHYSICIAN'S NAME ITTE OF PER 22e ADDRESS 236 BURIAL, CREMATION, REMOVAL THE NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 06/04/86 Maryland Veterans Cem Cheltenham Prince George's MD Home, Inc. 6633 Old Alesto Date REC'D. BY REGISTRAR 256 REGISTRAR'S SIG 24 FUNERAL DI DHMH - 16 60M 7/84 WEST Rd. Clinton (VRA 15, 4) Md 20735

RECORDS, 201

STATE OF MARYLAND



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLLIND 21201	TTENDING PHYSICIAN. The low requires that the death certificate in executed within a class often disatti. Fage 4	TOR. After this certificate has been signed by the ottending physician and completely little in the little and for use as the burial-transit permit. Then please remove carban paper. For a land and Mental Hygiene prior to burial, cremotion, or removal.
N ST., BA	certificat	CTOR. After this certificate has been signed by the ottending physic for use as the burial-transit permit. Then please remove carban pape of Health and Mental Hygiene prior to burial, cremation, or removal.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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ED (E	NTER NA	TURE O	FINJURY	IN ITEM 18	PART	ORP	ART 21		

DECEMBED NAME MIDDLE FIRST THE CHARLES Arkev N. Loving 5 DATE OF BIRTH SEX 4 RACE Male Caucasian Sept. 18 1903 a. BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia U.S.A. WIDOWED X DIVORCED CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Regency Nursing & Rehab Center Forestville Maryland 13d INSIDE CITY LIMITS? 13c CITY OR TOWN Thecheake Beach YES [FATHER'S NAME 15 MOTHER'S MAIDEN NAM MIDDLE John Loving Irene Ma WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) 579-60-0574 Burnice M. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY Congestive Heart Failure IMMEDIATE CAUSE (O DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosi Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM Renal Failure 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 716 TIME OF INJURY 21c. HOW INJURY OCCURE 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21f LOCATION 214 INJURY OCCURRED AT HOME STREET, FACTORY OFFICE, FARM ETC 1 NOT WHILE 19 50 June 25, 19_ 86 220.1 certify that (1) (100000 ft 1) attended the deceased fram 86 saw the deceased olive on June 25 above, (I) (36) (did) 1000(t) view the body after death. ond that in (my) opinion deoth occurred on the date and hour and fram the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED PHYSICIAN T DIRECTOR PHYSICIAN

23g. BURIAL, CREMATION, REMOVAL Burial

Bernard Katzen, M.D.

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

23d LOCATION Suitland

2645 Naylor Rd. S.E. Wash., D.C. 20020

B.G. Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S

DHMH - 16 60M 7/84 (VRA 15, 4)

Should be detached for with the State Dept.

8

morked

MPORTANT:

24 FUNERAL DIRECTOR

FOR

- STATE

REGISTRAR

6160 Oxon Hill Rd. George P. Kalas Funeral Home Oxon Hill, Md.

6/28/86

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833	1.	STATE REGISTRAR		DEPA	CERTIFICAT	E OF DEATH	GIENE 8 6	18	0 2 4
1		CEASED NAME	FIRST	WIDOIS .	LASI		To DATE OF DEATH	1	HEAR 76 HOUR
40	Ation	Cit bésirs)	Chen	chou	LU		June 6	1986	12:50
	3, 58			A RACE	IS DATE OF BRI	Н	E AGE INTERNSTANT	BRIHDAY) FINCEY	
	1	tal e		Oriental	6 1	0 11 TAN	74	YR5	DAYS HOURS MAN
7	7a. Bi	RTHPLACE (STATE O	PERMIT	Th CITIZEN OF WHAT COUNT			BALTIMORE CITY	OR COUNTY OF DEA	ATH
		China		Permanent res			Trince	Georges	
2	10 C	TY OR TOWN OF D	EATH	 NAME OF HOSPITAL, NUMBER 		HER INSTITUTION	12s. USUAL OCCUP	ATION 12b K	CIND OF BUSINESS OR.
2	1	VERDAL	e	Leland Me		DSpITAL	Retired	Military Cl	hinese Army
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3	14, 72	THER'S NAME		MADDLE LAST	15 M	OTHER'S MAIDEN NA	AME		LAST
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1		VAS DECEASED EVE ES NO DE UNENOWNI	FIN U.S. ARA	MED FORCES? 166 SOCIALS	ECURITY NO 17 P	FORMANT	ADI	DRESS.	
		N/A	N/A	214-92-	-7808 \$hu	Chen Chan	g-wife- (s	ame as 13e	DISTRICT MATERIAL DEATH
illary, or on	NO	PART 2 OTHER SH		ONDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERA	MINAL DISEASE OF CO	ONDITION GIVEN IN P	ART Tre
2	CERTIFICATION	1% DATE OF OPER	TATION	1% CONDITION FOR WH	ICH OPERATION WA	5 PERFORMED	28e AUTOPSYT	706 IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
	8	THE ACCESSION WAS U	Treed	The second secon	DAY YEAR 21c	HOW INJURY OCCUR	RED TENTE HETURE OF	HURT IN TEN 18 PART I ORR	685.31
7	CAL	OF ESSHER, NOTES HE	DCALERAMMER	P.M.	19			La ceres	
1	MEDIC	214 INJURY OCCU		21s. PLACE OF INJURY EAT HOME, LITTET, VACTORY, ON		OCATION	smg	TOWN COU	Hely STATE
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				tal) attended the deceased tre	DI	1000	10 70	19-	the the last
	100	tow the dece	(did) (did not	I view the body after death	o foo and the		death occurred on the	e date and hour and fro	- Interest and a second
		236 SIGNATURE	1	001	DEGR	ATTENDING	MEDICAL S	TAFF	ne 6, 1986
-	1	7M-BHYSICIAN'S	X	ano	Tar.	ADDRESS ADDRESS	DIRECTOR PHY	SICIAN [] 401	ne 0, 1900
1				Lapin, MD	111	11/	21.4.1	Rose	e Kowa
1					1	1246	cuninga	-12	128villy
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50M 7/84 5, 4)	10 m / C	neral Director		1180	N.H. Ave	25e DA	TE REC'D. BY REGISTR	AR 256 REGISTRAR'S ST	

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1 - STATE
REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

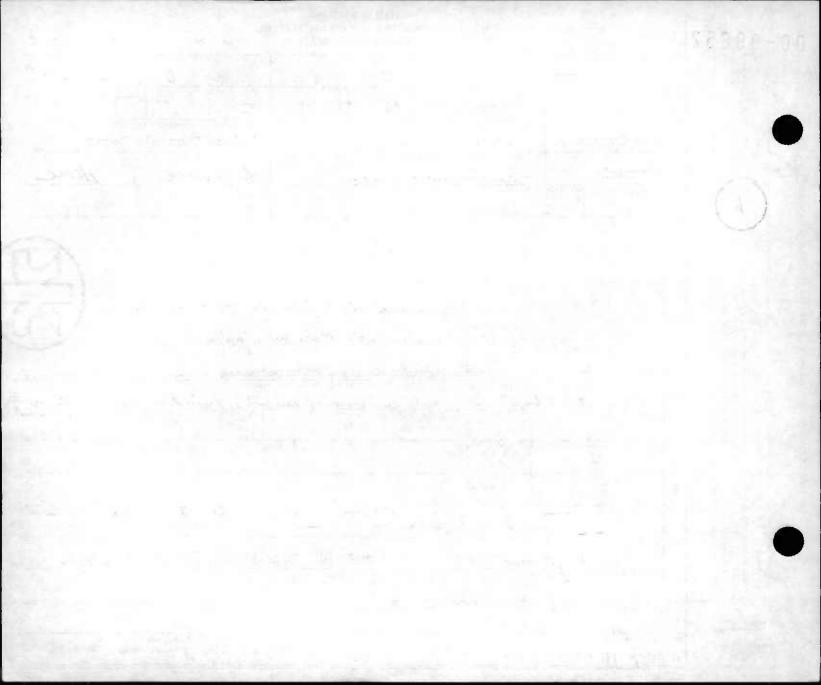
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	CEASED NAME	FIRST		MIDDLE	1.1	AST		20 DATE OF DE	ATH MONTH	DAY	YEAR	26 HOUR
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3. SE	×		4 RACE		S. DATE O	F BIRTH		6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER		IF UNDER 24 HRS
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- 0	IRTHPLACE I STATE OF					1.7	55	9 BALTIMORE	YR:		ATH	
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	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		R OTHER INST	ITUTION	12a USUAL OCC			KIND OI USTRY	F BUSINESS O
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JaU	AL RESIDENCE (IF NUI	RSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	•		La CEDELL ADD	Dr.CC / 71D C/	200		
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	No			169-25-2	2826	Pietro	ogul c	(spouse)	tts b ill	10th F	lac	E 101
	18 CAUSE OF DEA	TH (Enter of	nly one couse per	line for (a), (b), or	nd (C)					BE	ETWEENC	MATE INTERVAL DISET AND DEATH
z	PART 2 OTHER SIC	. 4.			-	NOT RELATED		INAL DISEASE OF				1
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TIFIC								YES N	O IN CER	YES _	AUSES	OF DEATH?
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3a	BURIAL, CREMATION (SPECIFY)	, REMOVAL	. 23b. DATE	73c.	NAME OF C	EMETERY OR	REMATORY	23d LOCATIO		COUNT	I v	STATE
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4 F	UNERAL DIRECTOR						2501 PAT	E REC'DE BY REGI	STRAR 256 REC	IŞTRAR'S S	IGNATI	URE
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	DEC NO					

	* STATE REGISTRAR			CERTIFICA	TE OF DEATH	REG. N	0.	0 .3	
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3.68	*	4 RACE		5. DATE OF BIR	DELL	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDE	RIYEAR IF UNDER	
1	Female	White	9	10	12 YEAR 16	69	YRS	BA75 HOURS	
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V:	irginia		5.A.	WIDOWED	DIVORCED X	Prince G			
10 C	ITY OR TOWN OF DEA		F HOSPITAL, NURSI			12a USUAL OCCUPATI		KIND OF BUSINE	
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13a S	STATE	13b COUNTY P.G.	136 CITY OR TOV	WN 1134	INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	0745	
-	aryland	F.G.	Oxon in		MOTHER'S MAIDEN NA		nu. Zi	0145	
	Robert	MIDDLE	Corde		Mae	WIDDLE		Bass	
16n V		A N U.S. ARMED FORCES			INFORMANT	ADDRE	SS		
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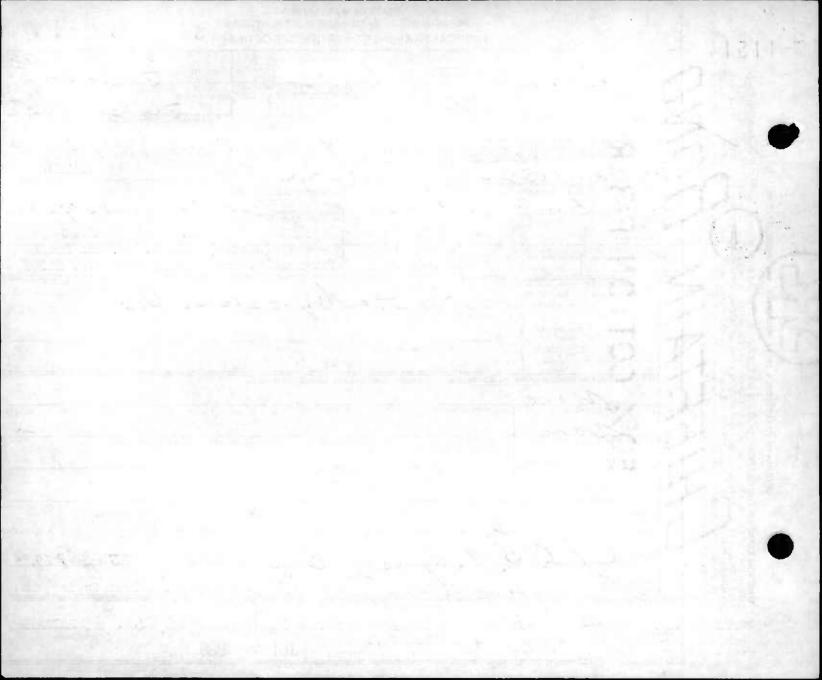
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF MARY ELLA LYLES DEATH MATED 4-RXCE DATE OF BIRTH 6. AGE (IN YEARS LIF UNDER LYR LIF LINDER 24 HRS DATE 68 MAY 1, 1918 FEMALE WHITE DEAD IN BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PRINCE GEORGE'S COUNTY II.S.A. WASHINGTON. D.C. WIDOWED 1 DIVORCED 10. CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 112 KIND OF BUSINESS CLERK RETATI 3204 CHILLUM ROAD, APT. MT. RAINIER USUAL KESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE THY LIMITS? 13 STREET ADDRESS NO TO 3204 CHILLUM ROAD, APT. #101 PRINCE GEORGE'S MT. RAINIER MARYLAND 14 PATHER'S NAME IS MOTHER'S MAIDEN NAME MATTIE WALSH HARRY 17 INFORMANT (Sister) IADRWS Mt. Ida Avenue 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) I LIE YES GIVE WAR OR DATES! 577-46-1614 Virginia W. Green Alexandria, Va. 22305 NO CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF E CHIEF MEDICAL EXAMINER A BE USED AS A BURIAL - TRANSIT NT OF HEALTH AND MENTAL HY BURJAL, CREMATION, OR REMOT Canditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NO. PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BAUTINORE, MARYLAND, 21201 PRIOR TO BI 21b. TIME OF INJURY 21s. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held an death resulted fram: Hamicide Natural causes Accident TITLE (SPECIFY) JOHN S. ROGERS, M.D. 1919 Seminary Rd. Silver Spring, Md. **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 07/01/86 BURIAL FORT LINCOLN CEMETERY BRENTWOOD 07/84 P.G. MARYLAND 250. DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE FRANCIS REGASCH'S SONS FUNERAL HOME, P.A. whise Davidson **DHMH - 17** JUL 7

4739 BALTIMORE AVENUE HYATTSVILLE, MD 20781

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4 mo)	of char bo	3. SEX	Male	4	RACE Bla	ack	S. DATE O		YEAR	6. AGE (IN YEAR	4	MON	INDER I YEAR	IF UNDER 24 HRS
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24 have	filled in ould be	13a. S	RESIDENCE IF NUR	13b COUNT	Υ	13c. CITY OR	BEFORE ADMISSION) TOWN Hgt Capitol	YES 🛣	NO 🗌	13 e STREET ADI	DRESS / ZIP Addis	code on F	Road	0743
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3ALTI ote b	Service Service)	18 CAUSE OF DEAT	H (Enter only	ane cause per	r line far (o), (b1, and (c1.)		-				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
VST., BAL			PART I. DEATH V	IMMEDIATE		fine	ellino	ne	-9					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs of otherwine.	signed by the attent hen please emo co to buriol, cremation ijury, ar atter traumat	NC	Conditions, if any gave rise to im cause (a), statin underlying cause	mediate ng the e last.	(b)	R AS A CON	SEQUENCE OF SEQUENCE OF	TNOT RELA		rosto		ON GIVEN	IN PART 1	2
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIF	ICATE OF DEAT	H	O	REG. NO.		•		-	
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16a. V	VAS DECEASED EVER			166 SOCIAL SEC		17 INFORMANT			ADDRESS					
1	ES, NO OR UNKNOWN)	N/	WAR OR DATES)	578-14-1	1366	Social Se	ervice	es Pr	ince G	eorg	je's	Cou	nty	
	18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED	BY:	line for (o), (b), o	nd ichi	The f	fen	1	Ta	16	~	BETWEEN	MATE INTE	RVAL D DE ATH
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	226. PHYSICIAN'S NA	27d. PHYSICIAN'S NAME (TYPE OR PRINT) REZA. MUSTON			~	122e ADDRESS 4235	28+	hAve	. Ten	ple	H	fill	2 8	nd.
	SPECIFY)	REMOVAL	23b. DATE			EMETERY OR CREMA		23d. LOCA	ATION ORTOWN	1	COUN	NTY)	STATE
Bi	rial		07/01/	86 M	aryland	d Nat. Mer	m. Pai	rk L	aurel			I	Md.	

DHMH - 16 60M 7/84

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should be detached for use as the burial-transit permit. Then please remove carbon popers, with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

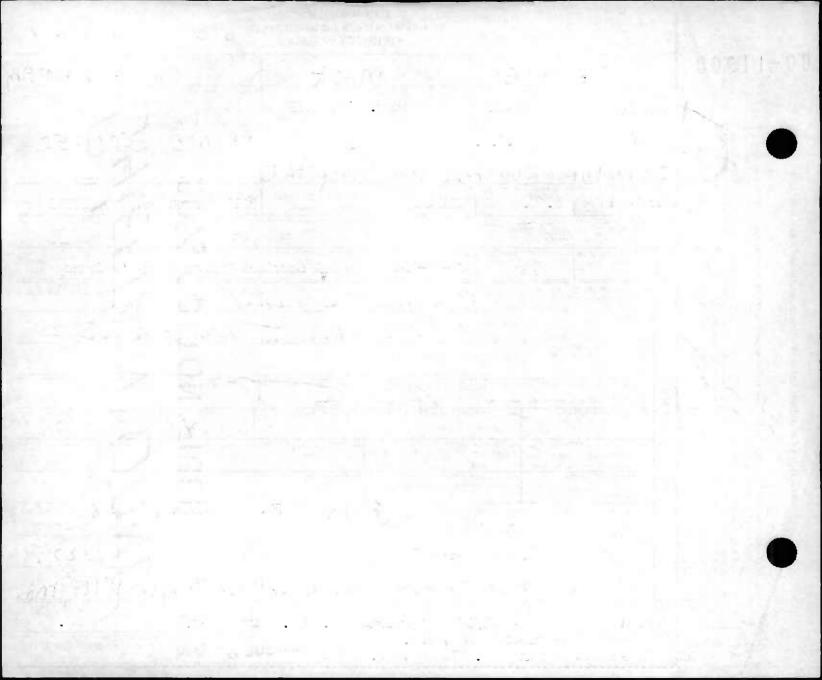
IMPORTANT: If Item 21 is marked or Item 18 shows any

injury, or ather troumotic event, the

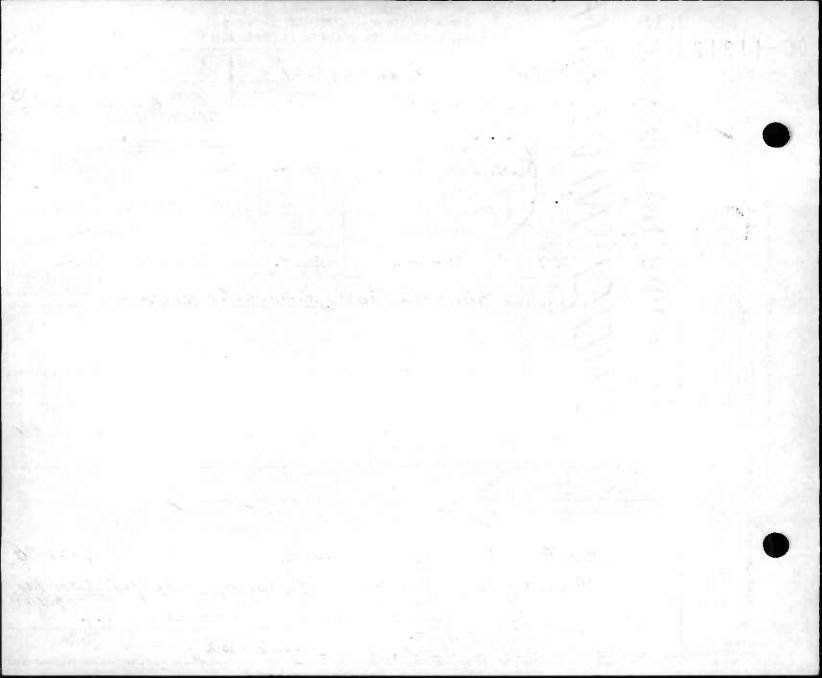
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate TO FUNERAL DIRECTOR: After this certificate hos been signed by the offending physic FOR

74 FUNERAL DIRECTOR Lee Funeral Home, Inc.
NAME (VRA 15, 4) 6633 Old Alexander Ferry Rd. Clinton, Md. 20735

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

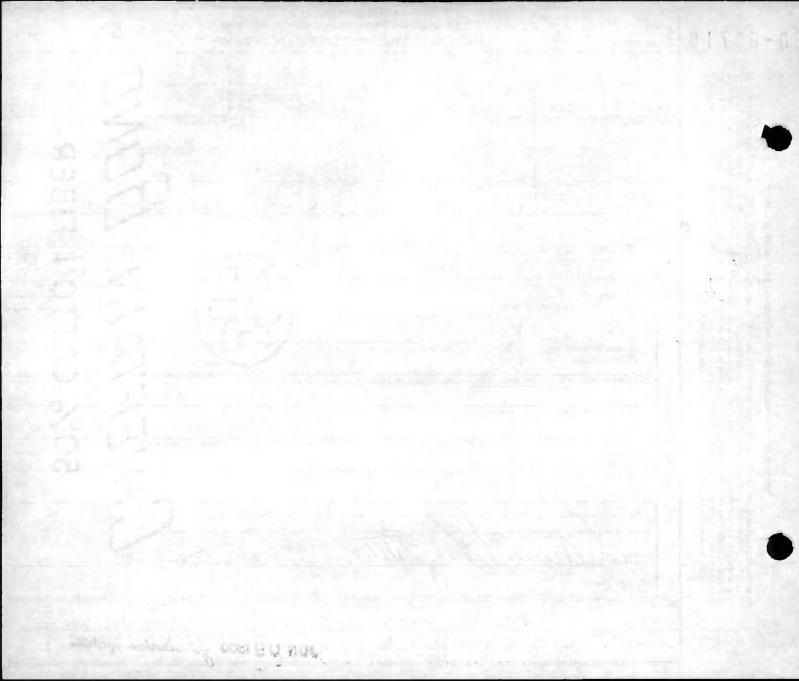


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TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFFER DEATH, WITH BALTIMORE, MARYL		EXAMINER'S (TYPE OR PRI	NAME DE	ennis F.	Smyth,	M.D.		ADDRESS_	111 F					Md.	2120	01
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07/84 BP		rial		6/6/1986	Me	ount L	ebano	n Ceme	etery	Ade	lphi.	, Geo	rge'	s, M	aryla	nd
DHMH - 17	DO	NALD M	. STEIN I	HEBREW AME	MORIA	L FUNE	RAL HO	OME	250. DATE RE	C'D. BY R		R 251 RE		Hande	TURE	
(VR A15 ME (5))	23	2 CARR	OLL STRE	ET, N. W.	WAS	HINGTO	V. D.	C :04	11.03		1			a modern		H.



STATE OF MARYLAND

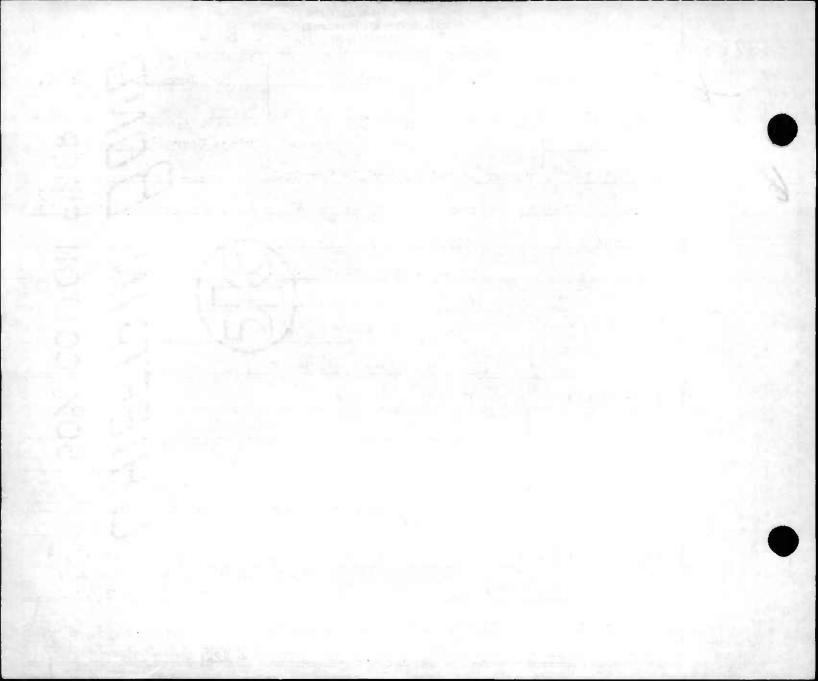
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	-1	8	0	3

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1. D	ECEASED NAME 1851	MIDDLE	l.	AST	20 DATE OF DEATH		YEAR 2b HC	OUR
	Hele	n M.	Mar	tin	.T11	ne 7, 19	86 7:30	OP M
1.5		4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	TYEAR IF UND	ER 24 HRS
L	Female	White	Jan		81	YRS.	DATS HOURS	MIN.
Ja. I	BIRTHPLACE / STATE OF FERENCE	76 CITIZEN OF WHAT COUNT	DV2 8		9 BALTIMORE CITY O		ATH	
	Maryland	USA	WIDOWE	NEVER MARRIED DIVORCED	Prince Geo	ree's co	untv	MD.
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	RSING HOME C		12a USUAL OCCUPATI	ON 12b	KIND OF BUSIN	
1	Beltsville	Greater Laurel	Dollar	ille Hospital	Retired-			
ÜŚŪ	UAL RESIDENCE (IF NURSING HOME	DR OTHER INSTITUTION GIVE RESIDENCE BE JNTY 136. CITY OR T	FORE ADMISSION)					705
130.	10 mm		OWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ar St.B	207	
HEF	ATHERSNAME	nce George		15 MOTHER'S MAIDEN NAM	ΛE	ar St.B	PILSVI	TIP
	Cooner	MIDDLE LAST	. 1	FIRST	MIDDLE		LAST	
16s	George WAS DECEASED EVER IN U.S. A	RMED FORCES? 168. SOCIALS		Margaret 17 INFORMANT	ADDRE	SS He	llemar	1
	no.	IVE WAR OR DATES!		Paul Duham	el 11202S	tephenL	20705	etsvi
Г	18 CAUSE OF DEATH IEnter of PART I. DEATH WAS CAUS	only one cause per line for (a), (b)	, and ici.		INFARCT	- A	APPROXIMATE INT	ERVAL ND DEATH
		ATE CAUSE (a) HCU (E	1.1700	CARDIAL	- IN MICCI	IUIY		
		DUE TO, OR AS A CONSE		ARREP-	- 17 -	-		
	Conditions, if any, which gove rise to immediate	(0)	DIAC		-			
	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	QUENCE OF	IC SHOCK				
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING				DITION GIVEN IN P	ART Ita	
1 8	ANOXIC	EN CEPHA	- 01	THY				
CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WH	, , ,	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE		
量	1 1 1 1 1 1 1 1				YES NO	IN CERTIFYING C	NO	
78	210 ACCIDENT WAS UNDERLYING			216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM TO PART I OR	PART 2)	
1	OR CONTRIBUTING CAUSE OF D		DAY YEAR	D = 1.0				
MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION		50		
\$	NOT WHILE	(AT HOME STREET, FACTORY OFF	ICE FARM ETC)	STREET	CITY OR TO	WN COL	INTA	STATE
	22a I certify that (I) (this has	pital) attended the deceased fro	om mo	6. 6. 19 86	_, to	7. 19 8	that (1)	(we) last
	sow the deceased alive a abave, (1) (we) (did) (did)	not) view the body after death.	9 F6 or	nd that in (my) (aur) opinion o	feath accurred on the de	ate and hour and fr	om the causes	stated
	22b. SIGNATURE		3	DEGREE			DATE SIGNE	D
	YT	Jing L	1	ATTENDING PHYSICIAN	MEDICAL STAI	IAN [6.8.8	8
	224 PHYSICIAN'S NAME (TYPE			22e. ADDRESS 5637	ANNAP	POLIS G	D.4+9	7
	V. F.	SINGH		BLADEN	SBURG	MQ 20	57/0	
23a	BURIAL, CREMATION, REMOVA	L 23b. DATE 2	3c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNT	Y	STATE
	Burial	6/11/86	Oak La	wn Cemetery	B	alto M	arvlar	_
	FUNERAL DIRECTOR	ADDRE	55	25a DATE	REC'D. BY REGISTRAR	25b. REGISTRAR'S S	IGNATURE	
C	onnelly Funer	al Home 300M		.21221 JUN	1 2 1986 9	who Davidson	-Handell	60

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, should be detached to use with the Store Dept. of Health DIRECTOR (MPDRITAN). If hem 21 is not be seen to be se



			FIRST		MIDDLE	t.	AST	20 DATE OF DEATH M	ONTH DAY	YEAR 2b. H	IOUR 1
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ad d	3. SE	X	1	RACE				6. AGE (IN YEARS LAST BIRTH			NDER 24 HRS
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ALOR the horal DIRE detacher ate Depi		22b. SIGNATURE	to	17	/		ATTENDING			22c. DATE SIGN	IED
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	HOSPITAL OR ATTENDING PHYSICIAN; The low requires the need by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed wild be detached for use as the burial-transit permit. Then plea to the State Dept. of Health and Mental Hygiene prior to burial ORTANT: If them 21 is marked or tem 8 signers ony injury, or	HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death carrificate energy within 24 linear attreatments of may be sorted or otherdring physician. FUNERAL DIRECTOR After this certificate has been signed by the attending physician and carry fined in the first internal director page 3 and be detached for use as the buriol-transit permit. Then please remove contoning the pages 1 and 2 and 12 and 12 and 14 and 15 and 14 and 15	MEDICAL CERTIFICATION MICRORIAN TOTAL CONTROL MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CONTROL MEDICAL CONTROL MICRORIAN TOTAL MEDICAL CONTROL MICRORIAN TOTAL MEDICAL CONTROL MEDICAL CONTROL MICROR MICRO MICRO	TO SET IN THE STATE OF THE STAT	TO A THENDING PARISH. 3. SEX Female 10. CITY OR TOWN OF DEATH 11. DEATH WAS USED BY: 12. WAS DECEASED EVER IN U.S. ARMED FORCES? 13. STATE 14. FATHER'S NAME 15. COUNTY Maryland 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: 19. DATE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: 19. DATE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: 19. DATE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSE DBY: 19. DATE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: 19. DATE OF DEATH (Enter only one cause per PART I. DEATH WAS UNDERLYING DATE OF DEATH (IN) 19. DATE OF DEATH (ENTER SIGNIFICANT CONDITIONS C	THELMA 3. SEX Female Negro 10. CITY OR TIDWING PART ON THE LIMA 10. CITY OR TIDWIN OF DEATH Maryland U. A. 10. CITY OR TIDWIN OF DEATH J. NAME OF HOSPITAL, NURSING SOUTH PART OF THE PART O	THELMA 3. SEX Female 1. DATE OF MORE OF PRINT) 3. SEX Female 1. DATE OF MORE OF MORE OF DEATH 1. NAME OF HOSPITAL, NURSING HOME THELMA JULY 24, 1905 3. SEX Female Negro JULY 24, 1905 18. BRITHPLACE (STATE OF FORECH TO COMPTE) MARRIED NEGRO MARRIED NEGRO MARRIED NEGRO MARRIED NEGRO MARRIED NEGRO MARRIED NEVER M	THELMA THE CAPEND THE CONTINUE THE CONTINUE	THELMA THELMA THELMA THE TH	THELMA MASON BOOK OF PARTY OF THE PROPERTY OF THE PARTY O	

FOR

- STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

REGISTRAR

22c. DATE SIGNED 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY Burial 6/13/86 St. Thomas Cemetery , Chapel Point. 24 FUNERAL DIRECTOR Arehart Funeral Home, Inc., La Plata, Md. JUNJ

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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		Item # 13e, Film	G 621, 1			OF MARYLAND	IFAIF		
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		CORPORA FIRST	THE Y	WIDDLE	l	AST	2a DATE OF DEATH	MONSH DAY	YEAR 26 HOUR
y be		Mary		Catherine	and the same of th	tthews	June 5	11986	12 6
or 4 mo	3. SE		4 RACE		5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	MONTH	DER I YEAR IF UNDER 24 HRS
oge oge	7. 0	Female	Cauca	F WHAT COUNTRY?	Feb	ruary 11,1912	9 BALTIMORE CITY O	YRS DE D	DEATH
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of the offe	1	anham		lia Garden		sing Home	Housekeep		G. Hompital
A in b	JUSU.	AL RESIDENCE (IF NURSING HOME COLATE	OR OTHER INS		ADMISSION)	13d. INSIDE CITY LIMITS?	9014 13e STREET ADDRESS		de Hompatuaz
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erely 42 st		ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST A N
P 4 6 0	_		George	Matthew		Mary	C.	cc A 4 3	Robey
Poges medico	1		GIVE WAR OR DATES)	and the second		Elizabeth F		No#13.	s Same as
e be	N			578-22-8		Elizabeth F	• Drooke	NO#10	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ficote pope novol		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	SED BY		41mer	1. Duecse			BETWEEN ONSET AND DEATH
Certi certi rbon rr ren rc ev		IMMEDIA	ATE CAUSE (a)_	7 11 -1	V				y pro-
stony trend trend on, o		Conditions, if ony, which	DUE TO,	or as a conseque	NCE OF				
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s, 2K	z	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO [DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART No
been s mut. Th prior to ony inj	CERTIFICATION	19g DATE OF OPERATION	19h CON	IDITION FOR WHICH	OPERATIO	WAS PERFORMED	20g AUTOPSY?	Tank IF YES WE	RE FINDINGS USED
n. n	FIC	I DATE OF GLERATION	170.001		0.511.110	, , , , , , , , , , , , , , , , , , ,	YES TO NOTE		CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ratherding physician. When this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shadid be fill the and Mental Hygiene prior to buriol, cremotion, or removal. The MB share, any injury, or ather traumatic event, the medical Continer was the carbon pages.	CERT	21a. ACCIDENT WAS UNDERLYING	110110	OF INJURY		21c. HOW INJURY OCCUR			
SICIATION Physics of the sential it		OR CONTRIBUTING CAUSE OF D	EATH	A.M. MONTH DA	19				
PHYSICIAN: PHYSICIAN: this certifica the buriol-tron and Mental Hy d or Item 18	MEDICAL	21d. INJURY OCCURRED		E OF INJURY	ARM FIC)	21f LOCATION STREET	CITY OR TO	wn (OUNTY STATE
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0 9 0 00 +		1. Andle	1	1		ATTENDING _	MEDICAL STAI	F	1. STATE
HOSPITAL ned by the FUNERAL JID be den the State ORTANT:	1	22d. PHYSICIAN'S NAME TYPE	OR PRINT)		1.	22. ADDRESS	DIRECTOR PHYSIC		3/0/0
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Sho of way	23a I	BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP		Burial ~	June	7,1986 Ft	. Lin	coln Cemetery	Brentwoo		G. Maryland
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR		ADDREAS		Maryland 250.	ING 1986	25b, REGISTRAR'S	
(VRA 15, 4)	F	Gasch's Sons	F.H. P.	A. Hyatts	ATTTE	Maryland	9 1300	0	C.

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Rugial . June 7, 1981 Mt. Lincoln Co-otens Brandsmad

". Graceta Tone T. H. P. . Hvatleville, Enryland July G. Ter

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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9	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	GIENE BREG. (50).	1803			
0	1. DE	CEASED NAME FIRE	ST	WIOOFE	1	A\$1	20. DATE OF DEATH MONTH DA	Y YEAR 25. HOUR			
			STANLEY			MATTHEWS	06 24				
	3. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS			
		Male	Black		Dec	. 27,1931	54 YRS.				
£)		RTHPLACE (STATE OR FOREK	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH			
8		shington, I			WIDOWE	DIVORCED	PRINCE GEORGE'S				
74		ITY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	DICAL CENTER	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Driver Messagers				
35	30. S	Maryland 1	OME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Glenar	N	13d INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS / ZIP CODE 7809 Fiske A	20906			
0		ATHER'S NAME FIRST Larence	WIDOLE	Matthew	s	15. MOTHER'S MAIDEN NA Blanche	ME Helen	Thornton			
icol	16a. V	VAS DECEASED EVER IN U		166 SOCIAL SECU		17. INFORMANT	ADDRESS				
medic		YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	578 38	949	Edna Mat	thews-wife-780	9 Fiske Aven			
s ony injury, or ather to	CERTIFICATION	gove rise to immedia couse (o), stating underlying couse to PART 2 OTHER SIGNIFIC	the DUE TO, O		DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE 200 AUTOPSY? 200 IF YES, IN CERTIFY	N IN PART 110. WERE FINDINGS USED ING CAUSES OF DEATH?			
Show	RTIE	21g. ACCIDENT WAS UNDERLY	NG 7 216 TIME C	SE INTERV		Tat now blues occup	YES NO YES				
18		OR CONTRIBUTING CAUSE		M. MONTH DA	YEAR	ZIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT OR PART 2]			
Hen	MEDICAL	(IF EITHER, NOTIFY MEDICALE)		M. OF INJURY	19	21f LOCATION					
rked or	MED	WHILE NOT WHILE	LAT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE			
MPORTANT: If Item 21 is ma		270.1 certify for (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	bospital affected of the an and an analysis of the body	dergased from 19	PE (, 19 ppd mmt (n (mys) pur) opinion DEGREE ATTENDING PHYSICAN 274 ADDRESS	death occurred an the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN	than (1) we) last and from the course stated			
IMPO		BURIAL, CREMATION, REM	OVAL 236. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	DI CHENCE			
		(SPECIFY) Burial	June	39,1986	For	t Lincoln C	Cemetery, Brent	wood, Md.			
7/84		UNERAL DIRECTOR NAME tewart Fun	Sho T.	Stown	acto	250 DAT	E REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE			

-	09533	1	FOR - STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	rgiene 8 6	i	8 0	3 7
			CEASED NAME FIRST	MIOOLE		LAST	20. DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR
	3 E & 10	(TYP	E OR PRINT)	uise M	McDai	niel	June	11.	1968	8:25a M
	ge 4 may be ector, page 3	3. SE	X	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNGER 1 YEAR	IF UNGER 24 HRS
	s off	F	emale	Caucasian	Marc		65	YRS	ONTHS OAYS	HOURS MIN.
4	Po dir		IRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8		9. BALTIMORE CITY O		OF DEATH	
	death.		shington, D.C.	USA	WIDOW	ED NEVER MARRIED L	Davin a a Ca	orge's		MD.
_	of the free of the	10.0	ity or town of death Siverdale	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C Leland Men		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF BOOK BINDO	OF WORKING LIFE		F BUSINESS OR
BALTIMORE, MARYLAND 2120	naplerely filled in by and 2 should be filled in by and 2 should be filled in by and 2 should be filled in the fil) Ma	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU Pr. 136	Geo. Coll	ence before aomission OR TOWN Lege Park LAST	13d INSIDE CITY LIMITS? YES X NO 1 15 MOTHER'S MAIDEN N FIRST Mahie	13e. STREET ADDRESS 4711 Rerusy IAME	n Hous	Haan	o h
RE,	e execut		WAS DECEASED EVER IN U.S. A		IAL SECURITY NO.		Daughter ADDR	ES 5009	Blythwe	ood Road
IMO			No		16-2681		is Murphy B	altimo	re. Md	. 21210
BALI	rtificate b g physicia on papers emoval.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	CEN BV					BETWEEN C	MATE INTERVAL ONSET AND DEATH
	g physicon g physicon gon gon gon gon gon gon gon gon gon g		IMMEDIA	ATE CAUSE (a) Cardi	ogenic sl	nock			10 h	ours
301 W. PRESTON ST.,	is that the death cer led by the attending plesse remove carbo viral, cremotion, ar re , or other traumotic e		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	DISTIVE COTO	onary artery			Unkn	
	quires signe hen pl to bur njury, s	Z	PART 2. OTHER SIGNIFICANT					DITION GIVE	N IN PART 1(c	
OR	been been trait. Il prier t	1 5	19g, DATE OF OPERATION			lent Diabetes	Mellitus	120h JE VES	WERE FINDIN	ICC LISED
TAL REC	Pos Pos	CERTIFICATION			WillettorEkarie		YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
1 OF VI	ding physicic ding physicic is certificate burial-transit Mental Hygie	-460	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE		NTH DAY YEAR	216. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	RT 1 OR PART 2)	
DIVISION OF VITAL RECORDS,	DING PHYS or ottendir After this e os the bu alth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR' (AT HOME, STREET, FACTOR		21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	OR ATTEN he hospital DIRECTOR: ached for us Dept. of Hem 21 is		220. I certify that (I) (this hosp saw the deceased alive a above (II) (we) (did) (did a 22b. SIGNATURE	In June 11	19 <u>86</u> , o	nd that in (my) (aur) opinia DEGREE ATTENDING	n death accurred an the d	ate and hour	9 86 , sand fram the care 22c. DATE	
	by the Bar termination of the state of the s	1	22d. PHYSICIAN'S NAME (TYPE	tour	aun	PHYSICIAN 22e ADDRESS	TO DIRECTOR PHYSIC	IAN 🗌	June	11, 1986
	O HOSPITAL etained by t TO FUNERAL should be det with the State MAPORTANT:									
	TO HOSP retained TO FUNI Should be with the	-		Houmann, M.D.			nsbury Rd.,	Riverd	ale, M	d. 20737
			BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	CITY OR TOWN		OUNTY	STATE
	BP	24 F	urial	Dune 13, 198	6 Cedar t	lill Cemetery	Suitland ATE REC'D. BY REGISTRAR	Pr. G		ryland
	DHMH - 16 60M 7/73 (VR A 15 (4))	50	UNERAL DIRECTOR France	es J. Collins	opress 12.		UN 1 6 1986			
		50	O University Bl	rva. W. Silv	er Spring	Md.	1300	A course the	ividoon-1	sincle/ac

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A CANADA BENEFIT TO SERVE OF LACE OF

 1 - STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH

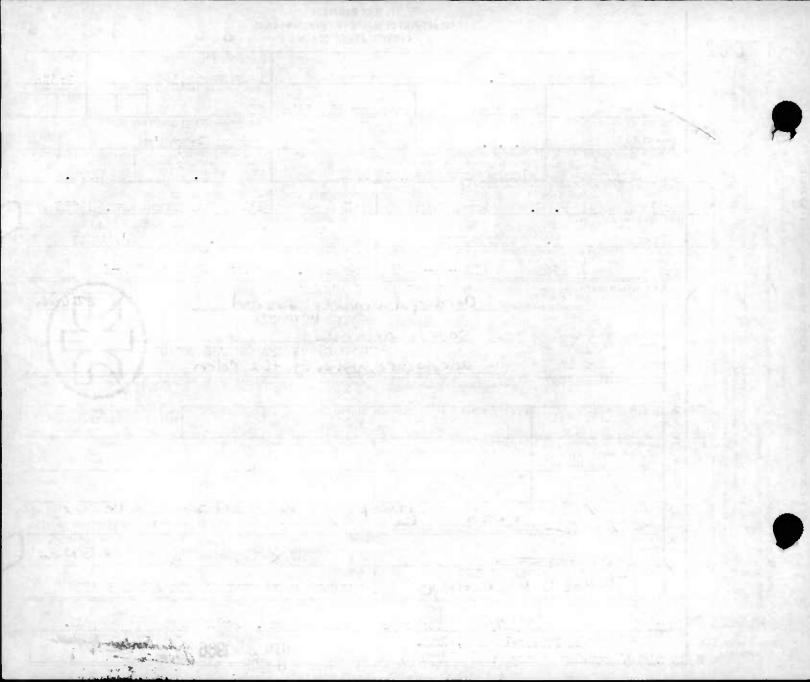
ENE 8 5 NO.	8 0 3 8
20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
MON	3.52aM INDER 1 YEAR IF UNDER 24 HRS ITHS DAYS HOURS MIN.
65 YRS.	
Prince George's	MD.
120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY US Govt.
13e.STREET ADDRESS / ZIP CODE 11721 Crestwood A	Ave. 20613
) Rourke
Govern Same as 13	ВА-Е
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rest	22 luin
SIS	\$72,1
IA OF THE COLON	

		EASED NAME	FIRST	MIDDLE			20. DATE OF DEATH MONTH DAY YEAR 26 HOUR				
	(HTPE	OR PRINT)	THOMAS	F.		MC	GOVERN	JUNE 2	2 1086		3 · 52aM
	3. SEX		HOMAS	4 RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Ma	ale		Caucasia	an	Novem		65	YRS.	MONTHS DAYS	HOURS MIN.
X	To. BIF	RTHPLACE (STATE C	OR FOREIGN		WHAT COUNTRY?	8.	W _	9 BALTIMORE CITY		Y OF DEATH	
*		rvland		U.S.A		MARRIE		Prince Ge	orge!	5	MD
		TY OR TOWN OF D	EATH	11. NAME OF H	OSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPA	TION	12b. KIND O	F BUSINESS OR
	Car	mp Spring	S		Grow Hos		AAFB	FDA Momt		US GO	77t.
, .	USUA	AL RESIDENCE (IF NU		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					
3		vland		G.	Brandvwin		13d INSIDE CITY LIMITS?	13e.STREET ADDRES		_	20613
4		THER'S NAME	200				15 MOTHER'S MAIDEN N	AME			.0020
	וידי	homas	F.	MC(Govern		Esther	M.		O'Rour	ke
7	16a. W	VAS DECEASED EVE	R IN U.S. AR	MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT		RESS	O TOUL	.100
	Ye	(ES NO OR UNKNOWN)	196	3	136-32-6	407	Maureen E. M	cGovern Sa	me as	13A-E	
		18 CAUSE OF DEA	ATH (Enter on	ly one couse per	In CARDITOP	III.MON	ARY ARREST		41.0	BETWEEN	MATE INTERVAL
		PART I. DEATH	WASCAUSE	D BY. TE CAUSE (a)	Cardio		^	nost		2	Zuin
			Minicolar		R AS A CONSEQUE		SEVERE ACIDO	SIS			
		Conditions, if or	ny, which	(16)	Sever		udories			11	
7		gave rise to in	mmediate	DUETO			ADENO CARCINO	OMA OF THE	COLON	11-50	ant to
H		underlying cou		(6)	adono	Corc		the color		Life	
		PART 2 OTHER SIG	GNIFICANT (CONDITIONS CO			NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION G	IVEN IN PART 110	a
	NO N										
2	CERTIFICATION	190 DATE OF OPER	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	ES, WERE FINDIN	VGS USED
1	E							YES NO		ES [NO [
5	E E	21a. ACCIDENT WAS U		216. TIME O	FINJURY M. MONTH DA	V VEAD	21c HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM IB	PART (OR PART 2)	N. Outer
7	N N	OR CONTRIBUTING	_			19					
	MEDICAL	21d INJURY OCCU	JRRED	21e PLACE	OF INJURY EET, FACTORY, OFFICE, FA	AB44 576 1	211 LOCATION	CITY OR	IOWN	COUNTY	STATE
	Σ	AT WORK AT W	WHILE	(Al HOME SIR	EET, FACTORY, OFFICE, FA	ARM EICT					
	\times	22a I certify that	(this hospi							19 86	that of (we) lost
		saw the deced above, (A) (we)	ased alive on (did) (did)	7 2-5		86 or	nd that in (ps) (our) apinio	n death occurred on the	date and ha	our and from the	causes stated
	X	226. SIGNATURE	٨				DEGREE			22c. DATE	
1		Jun	alle	-			ATTENDING PHYSICIAN	MEDICAL ST	AFF	52	JUN &
1	X	22d. PHY SALE 14/0 YM	ASME (TYPE C	PRIMONACE	IINO		22e ADDRESS		130		
		1110	muts (2 MONF	ACHINO		MALCOLM GR	OW MEDICAL	CTR AN	NDREWS A	FB
		URIAL CREMATION	N, REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		4.000	44.45
-		rial		06/27/	86 Arl	inata	n National C		rton	COUNTY	Va. STATE
		JNERAL DIRECTOR	Tee Fi		ome, Inc.		25a. DA	ATE REC'D. BY REGISTRA	R 256 REGIS	PAR'S SIGNAT	URE
		NAME			ADMMESS.		2 20725	IN 26 1986	yours	1	

DHMH - 16 60M 7/84 (VRA 15, 4)

to FUNERAL DIRECTOR, A should be detached for use with the State Dept, of Heal

6683 Old Alexander Ferry Road Clinton, Md 20735



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO FIRST MIDDLE 20 DATE OF DEATH 2h HOUR MONTH YEAR EARL AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS April 20, 1913 Black 73 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED United States WIDOWEDTX 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR PE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE INDUSTRY MARYLAND 13b. COUNTY 13e STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? Fort Washington X 2910 Kingsway Road Pr. Geo. 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Robinson **Brooks** Elnore M. Pearl Fuell, daughter, 2910 Kingsway Road 16b. SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES! 579-40-3807 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE 10.

Female To. BIRTHPLACE | STATE OF FOREIGN Virginia II. CITY OR TOWN OF DEATH USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) 130. STATE Maryland 14. FATHER'S NAME Jonah 160 WAS DECEASED EVER IN U.S. ARMED FORCES" (YES, NO OR UNKNOWN) No 18 CAUSE OF DEATH (Enter only one couse per line for (b), and (c) PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ON CERTIFICAT 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21L LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a. I certify that (I) (this haspital) attended the deceased from sow the deceosed olive on obove, (I) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED STAFF ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS BERWA 23a, BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY

old be deto FUNERAL MPORTANT

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

FOR

REGISTRAR

DECEASED NAME

- STATE

(TYPE OR PRINT)

3. SEX

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Poges

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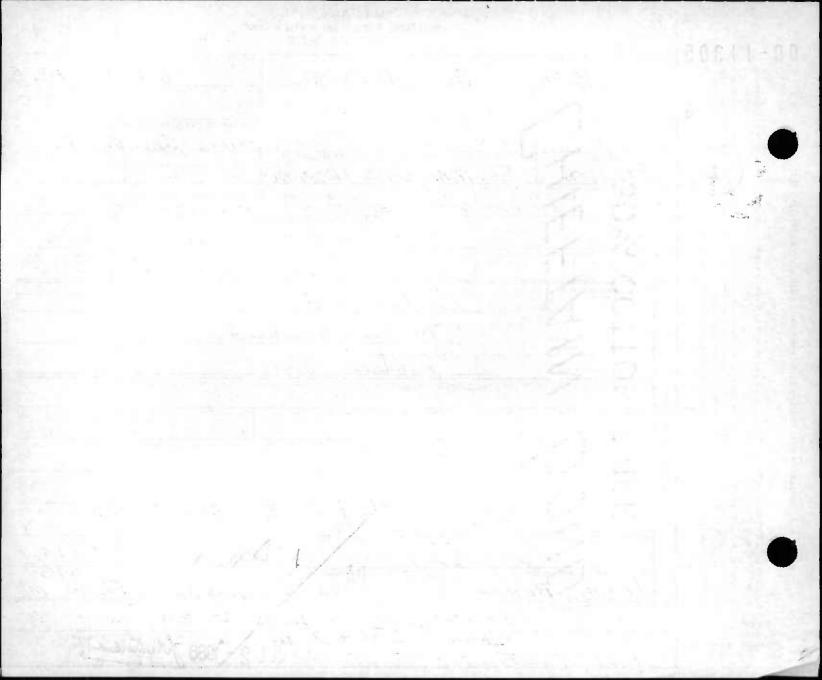
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ol-tronsit 5

July 2, 1986 Harmony MEmorial Cem 24 FUNERAL DIRECTOR

Ländover.

4001 Benning Road. Stewart Funeral Home



filled in by the fu

ond

physician

the offending

signed

TO FUNERAL DIRECTOR: After this certificate has been

ATTENDING PHYSICIAN: The ar attending physicia

retained by the haspital

HOSPITAL

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

executed

STATE OF MARYLAND

	Ex		i	
,	V			
	DEC.	NO		

FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG CATE OF DEATH	GIENE 8 6	0.	8 0	40
I. DECEASED NAME	FIRST	MIDD	E	17	NST.	20. DATE OF DEATH	MONTH [DAY YEAR	2b. HOUR
(TYPE OR PRINT)	Nellie			McK	itrick	June 27, 19	986		7:35A N
3. SEX	4.	RACE		5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS
Female		white		Dec	7 PAY 1909	76	YRS	NONTHS DAYS	HOURS MIN
To BIRTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF WH	AT COUNTRY?	8.	□ NEVER MARRIED □	9 BALTIMORE CITY	R COUNTY	OF DEATH	
Maryland		USA		WIDOWE		Prince Ge	orges	County	MD
ID CITY OR TOWN OF	DEATH 11			IG HOME O	R OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND C	F BUSINESS OR
Laurel		(IF NOT IN SUCH FA			ille Hospital	homemaker	DE WORKING LIFE	"nome	
JSUAL RESIDENCE (IF	NURSING HOME OR OT	HER INSTITUTION GIVE	RESIDENCE BEFORE	E ADMISSION)			1.76		
Maryland	P.G	130	Laurel	N	13d. INSIDE CITY LIMITS?	17 200 Maris	W SPODE	20707	
4. FATHER'S NAME		DDIE	LAST		15. MOTHER'S MAIDEN NA			LAS	,
Walter	L	Be	abbitt		Mary Mary	Agnes	Lune		51
160. WAS DECEASED E			SOCIAL SECL	JRITY NO.	17. INFORMANT	ADDR		AL	-
(YES, NO OR UNKNOWN	(IF YES, GIVE V	VAR OR DATES} 2	15-26-3	594	Raymond McKi	trick same	as abo	ve	
		ane cause per line	far (a), (b), an	od (c).)	1 ^	1	1	BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DEAT	H WAS CAUSED	-	eshir	ratto	my and Re	well foll	lur	U	
	WWWEOTHIE	DUE TO, OR A	A CONSCOU	ENICE OF	0, -	000			
Conditions, if	any, which	(b) N	retour	tali	huer	Cource	now	a se	
gove rise to		DUE TO, OR A	A CONSCOU	ENICE OF		1			
	ause last.	DUE TO, OR A	duci	no g	ma Of	CALON	11		
PART 2 OTHER S	SIGNIFICANT CO	NDITIONS CONT	RIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIV	EN IN PART 1	· 10. 1
3 Su	lplac.	wanter	icul	an A	while	in Prolon	red/	ribra	& Vale
190 DATE OF OP	RATION	196 CONDITIO	N FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY)		, WERE FINDI	
STORY ACCIDENT WAS					V	YES NO		YING CAUSES	NO
210. ACCIDENT WAS	S UNDERLYING	216. TIME OF IN			21c. HOW INJURY OCCUR	RED (ENTERNATURE OF INJ	JRY IN ITEM 18 P	ART I OR PART 2)	
	CAUSE OF DEATH		MONTH D	AY YEAR					
OR CONTRIBUTING	MEDICAL EXAMINER)	P.M.	(A) (I) (B) (17	216 LOCATION				

MEC

NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OR TOWN STREET

COUNTY STATE

saw the deceased alive an abave, (1) (we) (and) (did not) view the bady after death 22b. SIGNATURE

DEGREE

22e ADDRESS

ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN

and that in (my) (aut opinion death occurred on the date and haur and from the causes stated

22c DATE SIGNED

231. NAME OF CEMETERY OR CREMATORY

BP.

should be detached for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather troumatic event, th

23a. BURIAL, CREMATION, REMOVAL 23b. DATE burial

30.1986 Ft. Lincoln

23d LOCATION
CITYOFTOWN
Brentwood Maryland

STATE

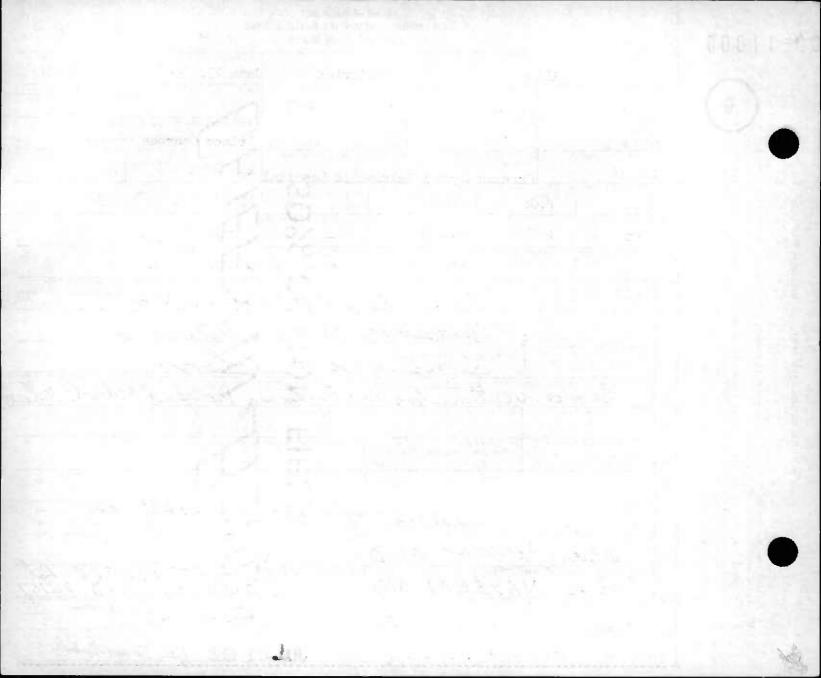
24 FUNERAL DIRECTOR

Donaldson Funeral Home P.A. Laurel, Maryland

250. DATE REC'D

BY REGISTRAR 256, REGISTRAR'S SIGNATURE Divideon Randales

DHMH - 16 60M 7/84 (VRA 15, 4)



1152	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLANI MENT OF HEALTH AND MEI CERTIFICATE OF DEA	NTAL HYGIENE 8	18	041
	ECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY Y	ZEAR ZE HOUR
to a	Mar	garet (N.M.I.)	McKnight		6 27 8	36 10:12%
3 1.5	ΕX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAS		1 YEAR IF UNDER 24 HRS
10	Female	White	December 9. 1	894 91	YRS	DAYS HOURS MIN.
10 Ta.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	9 BALTIMORE CIT	Y OR COUNTY OF DEA	TH
15 M	arvland	TI C A	MARRIED NEVER MAR		George's Co	untv 45
	CITY OR TOWN OF DEATH	II. S.A.	NG HOME OR OTHER INSTITU	JTION 12a USUAL OCCUP	ATION 12b K	IND OF BUSINESS OR
13	Riverdale	Leland Memorial	T ADDRESS)	TYPE OF WORK FOR MO		
1		OR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	Housewif	<u>e I 0</u>	wn Home
3 3 130	STATE 13b CC	DUNTY 13c. CITY OR TO	WN 13d. INSIDE CITY			
	aryland P.	G. Hyattsv	ille YES N		ethorpe St.	#211 2078
FOR	FRIT	MIDDLE	FIRS		E	LAST
11	Charles	Kohlha		rgaret		High
160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 16b. SOCIAL SEC	URITY NO 17 INFORMANT	AD	DRESS 3701 Cou	rt House Dr
y N			4799 Lewis S.	Nippard (Neph	ew)Ellicott	City, Md.
	18 CAUSE OF DEATH (Enter	anly ane cause per line far (a), (b), a			BET	APPROXIMATE INTERVALO 1
	PART I. DEATH WAS CAU	JSED BY: Acute c	ongestive hear	rt failure		1 day
r other troumor	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	sclerotic card	liovascular dis		unknown
6 -	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING TO			ONDITION GIVEN IN PA	ART Ito
ATION			cclusive vascu			
THE	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORM	200 AUTOPSY? YES □ NO 5		AUSES OF DEATH?
G W	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	RY OCCURRED (ENTER NATURE OF	NJURY IN 11EM 18 PART I OR PA	ART 2)
dor in	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION			
MB MB	NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE		CHAO	RTOWN COUN	NTY STATE
of Head	saw the deceased alive	poitol) attended the deceased fram. an 27 June 19		19 <u>82</u> , ta <u>27</u> J (r) apinian death occurred an th		, that (I) (X e) last om the causes stated
Hem	226. SIGNATURE	11	DEGREE			DATE SIGNED
¥ /	22d. PHYSICIAN'S NAME (1)	Houmann	PHY	SICIAN X DIRECTOR PHY		6/27/86
7 PORT	Carl J. Hot		22e ADDRESS	4404 Queensbur Riverdale, Md.	y Road 20737	

231. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

Burial

Pranciscosch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

06/30/86

23b. DATE

23d LOCATION
CITY OF TOWN
Baltimore 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JUL 2 1988 Such Durden About

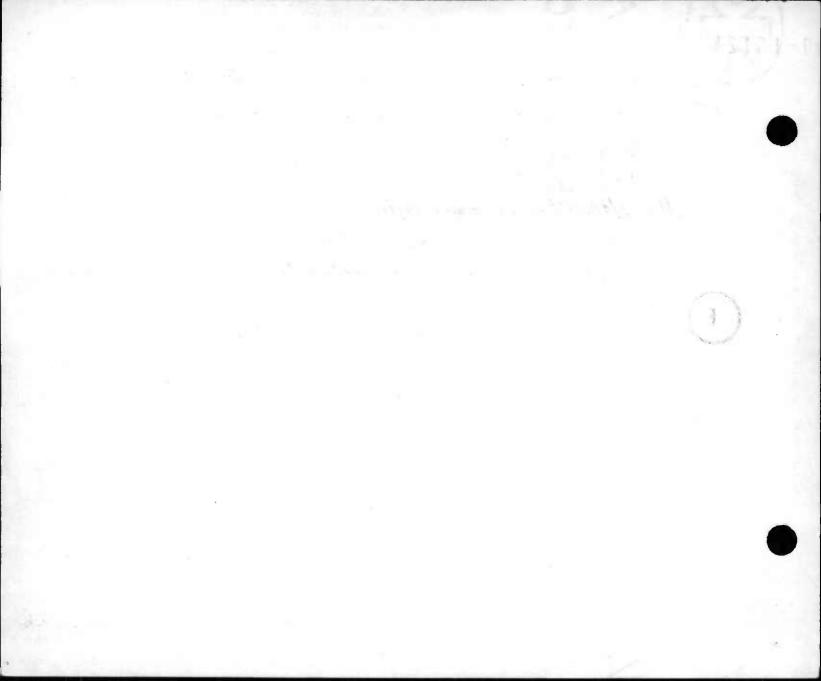
Maryland

STATE	OF	66 /	DVI	AMD	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.					- 6
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1	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	0	SREG. NO.	8 0	def
	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DE		DAY YEAR	2b. HOUR
(111	Nett	2'6	MEPherson	4/10/	86		10 13
3	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (INFEAR	SLAST BIRTHDAY)	MONTHS DAYS	HOURS A
b	EMALE	DIACK	04 14 85	1 /8	YRS	TV OF DEATH	
a. E	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED LI NEVER MARRIED	4	CITY OR COUN	IT OF DEATH	
10.0	THRYIAN OF DEATH	IF. NAME OF HOSPITAL N	WIDOWED DIVORCED URSING HOME OR OTHER INSTITUTION	120 USUAL OC	CUPATION	12b. KIND OF	BUSINESS
	LArcai	(IF NOT IN SUCH FACILITY GIVE		(TYPE OF WORK FO	R MOST OF WORKING	LIFE) INDUSTRY	ILA
151,	IAL RESIDENCE I NURSE HOME OF	OTHER INSTITUTION, GIVE RESIDENCE		CO 112- STREET ARK	DRESS / ZIP_CO	NE	201
M	avy land Cha	rles Hughe	SVILLE YES NO .	Route	1 0	(221	206
IÆ.E	ATHER YNAME	HEIDLE LAS	15. MOTHER'S MAIDEN		AIDDLE	LAST	
	SAM	Ly	les Marth	z	ADDRESS and	Alne	24 04
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	PART I. DEATH WAS CAUSE	DBY. A	et alena			SETWEENO	INSET AND DI
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	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF	1-2/			-
	underlying cause last.	(c) Art	reselvable him	al disc	**	9-	رم
7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE C	RCONDITION	IVEN IN PART 110	7
ē	19g DATE OF OPERATION	Le mat	/HICH OPERATION WAS PERFORMED	20g AUTOPS	V2 1286 IF V	ES, WERE FINDIN	GS LISED
CERTIFICATION	196. DATE OF OPERATION	190. CONDITION FOR W	THICH OPERATION WAS PERFORMED		IN CER	TIFYING CAUSES	
CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		CURRED (ENTER NATUR			
	OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR				
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	saw the deceased alive an abave, (1) (we) (did) (did na		19 36, and that in (my) (aur) ap	inian death accurred c	in the date and h		
	226 SIGNATURE	1	DEGREE	NGA MEDICAL	STAFF	224 DATES	O. 8
	224 PHYSICIAN'S NAME CLYPE O	aun 1	PHYSICIA 22e ADDRESS	MEDICAL DIRECTOR	PHYSICIAN [6-1	70. 7
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230.	BURIAL CREMATION REMOVAL	23b DATE	231 MAME OF CEMETERY OR CREMAT	A LOCATI	TOWN	Ph	4
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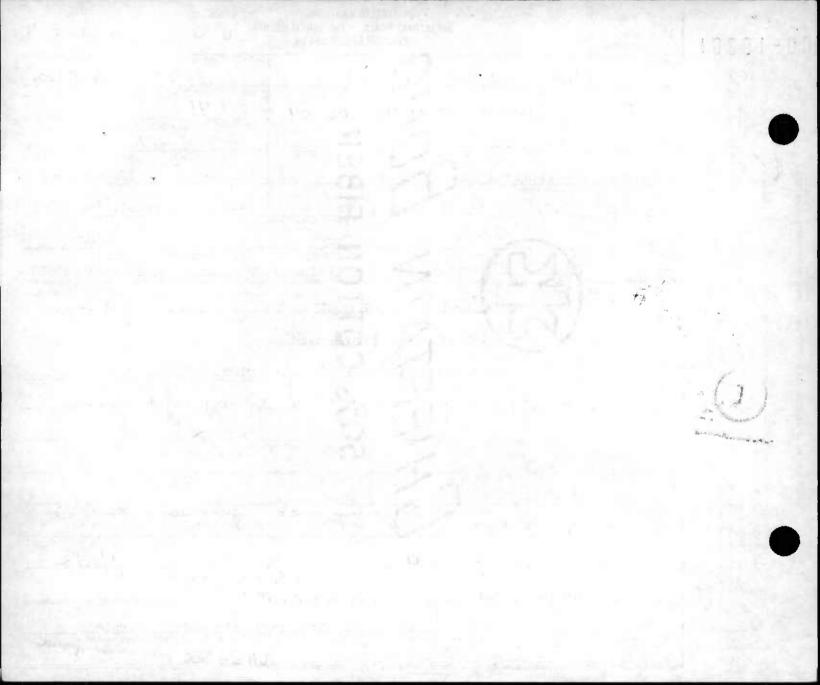
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8 6	HOULD BE RD "PENDI HIEF MEDI USED AS A	CERTIFICATION	19a. DATE OF OPERAT	ION	196. CONDIT	ION FOR WHICH	OPERATION W	AS PERFORMED?			20 AU	TOPSY?
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Š	13AAAE	¥	WHILE NOT V	VHILE DRK	STREET, FACTO	ORY, FARM, ETC.)		STREET	City	OR TOWN	COUNTY	STATE
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAU DIRECTOR: NATHER DEATH, WITH THE STAND, 2	50	22a. I certify that I t	taak charge of th	ne remains desc	ribed abave, hel	d an Autap	sy , Inspec	ian . In	quiry H, and in	my apınian	
	AMIR RTIFIG D BE D BE NITH I	1	death resulted fram-	Natural cau	ises [],	Accident,	Suicide	, Hamicide L	Undetermin	ed manner,		
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IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
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DIVISION OF V	

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH 25 HOUR (TYPE OR PRINT) 20 860 MEREDITH EDITH PARSONS 4 RACE 5 DATE OF BIRTH 3. SEX AGE LIN YEARS LAST BIRTHDAY MONTH Oct. 2, 1904 81 FEMALE CAUCASTAN BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Missouri U.S.A. Prince George 's DIVORCED WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Leland Memorial Hospital Attache Federal Gov't. Riverdale 4300 Jefferson St. #2, 20781 13b COUNTY Maryland P.G. Hvattsville YES X NO F 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME unknown Meredith Albert Mary 166 SOCIAL SECURITY NO 17 INFORMANT 1478 Avenue Alvarado, 218-34-5856 Bill Weaver, Placentia, California 92670 NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate cause (a), stating underlying couse RMINAL DISEASE OR CONDITION GIVEN IN PART Tra pheumonia 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPS 206 IF YES, WIND DINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDIC AL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 711 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHITE 22a.1 certify that (1) (this hospital) attended the deceased from No Line 1 and that in (my) (our) opinion death occurred an the date and hour and from the causes stated saw the deceased glive on whe 26 abave (I) we (did) did not we with body after death 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING DIRECTOR PHYSICIAN Baltinore Avenue HIN-CHUAN 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY CITY OF TOWN 6-22-86 Cremation Metropolitan Crematory Alexandria, Virginia 74FRANCISCOASCH'S SONS FUNERAL HOME, P.A. Juna rungoon Manpal DHMH - 16 60M 7/84 4739 Baltimore Ave., Hyattsville, Maryland

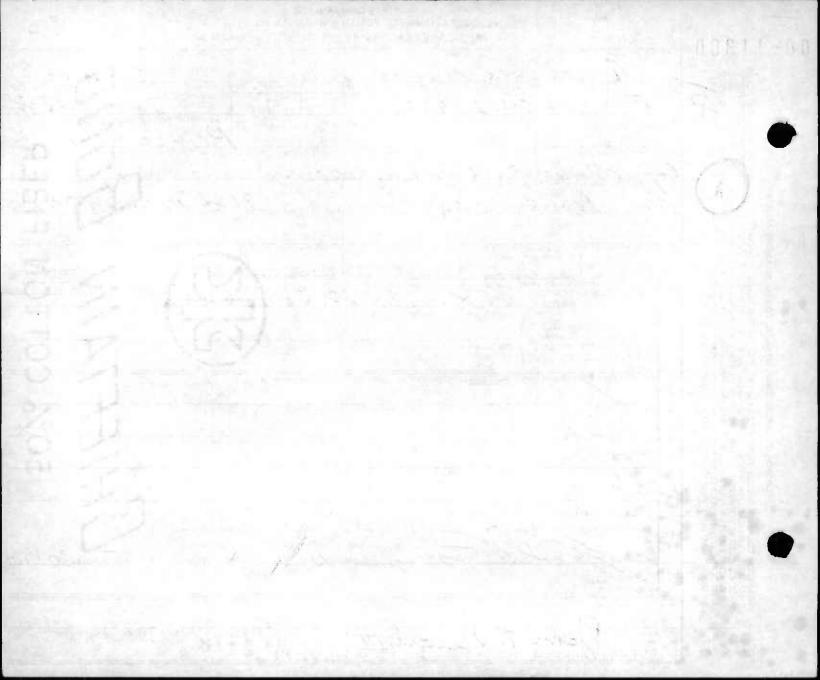


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	TO HOSPITAL OR ATTENDING PHYSICIAN. The Decine and the death certificate be executed within 24 hours offer additional by the haspital or attending physician.
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۵	S K K L E S	1	AT WORK AT W	ORK									
	W = 0 .		22a I certify that	I taak charge of t	the remains desc	tribed above, held an	Autopsy	Inspection	A. Inquiry	, and in my	opinion		- 1
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TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicioi should be detoched for use as the buriol-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

injury, ar ather traumatic event, 19

Item 18 shows ony

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

IMPORTANT: If them 21 is morked ag BP DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 O REG. NO.	ì	8	0
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1.	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG	REG. NO.	80	41
		FIRST	WIDDLE	i i	AST	20 DATE OF DEATH MONTH	OAY YEAR	26 HOUR
(TYP)	E OR PRINT) Hou	ston	Theodus	MIT	CHELL	June 23, 1986		6:50p M
3 SE	Х	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
,	Male	Cauca	sian	Feb		77 YR	MONTHS DAYS	HOURS MIN.
o B	IRTHPLACE (STATE OR FOR	TEIGN 76. CITIZEN O	F WHAT COUNTRY	? 8.	D X NEVER MARRIED	9 BALTIMORE CITY OR COUN		FELDIN
	1abama	U.S.A		WIDOWE		Prince Geor	ges* Co.,	MD.
14 C	ITY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF	BUSINESSOR
Le	nham		rs Hospit	-	Prince Georges	Salesman	Autom	obile
USU 130.	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	N GIVE RESIDENCE BEFO		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS Apt	. 101	
Me	rvland H	rinceGeorg			YES NO	7812 Hanover		20770)
	ATHER'S NAME FIRST William	WIDDLE	Mitche	a11	15. MOTHER'S MAIDEN NA FIRST Amanda		Daile	
160.	WAS DECEASED EVER IN	U.S. ARMED FORCES?			17. INFORMANT	ADDRESS	Dalle	у
(yes, no or unknown)	WW II	421-03-3		Lois M. Mitch	nell (wife) San	me as 13	
	PART I. DEATH WAS	(Enter only one couse p S C AUSED BY: AMEDIATE CAUSE (o)_		ond (c).)	Airest.		BETWEEN	NATE INTERVAL
		DUE TO.	OR AS A CONSEO	UENCE OF	Chronic lum	1 dipens		305.50
	Conditions, if ony, v gove rise to imme- couse (a), stating underlying couse	diote the DUE TO.	OR AS A CONSEO	UENCE OF	Chronic lun Congestino	hant fail		
NO	PART 2. OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	GIVEN IN PART 110	
CERTIFICATION	19a. DATE OF OPERATIO	DN 196 CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED		YES, WERE FINDIN RTIFYING CAUSES (YES []	
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	JSE OF DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME,	E OF INJURY STREET, FACTORY, OFFICE	FARM ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (1) (the saw the deceased above, (1) (we) (did	/ /	23 19		nd that in (my) (our) opinion	death occurred on the date and		hot (I) (we) lost ouses stated
	22b. SIGNATURE	(. Dance		MO	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	June	24, 1986
	Khosrow I	e (TYPE OR PRINT) Pavachi, M.	D.		Box 39, Tem	ple Hills, MD	20784	
23a.	BURIAL, CREMATION, RE Burial	23b. DATE 27 Ju			e Cemetery Cemetery	23d LOCATION CITY OF TOWN Leighton, A	1abama	STATE
24 F	UNERAL DIRECTOR Capitol Fu	meral Serv	ice, Fall	ls Chui		E REC'D. BY REGISTRAR 256. REG	GISTRAR'S SIGNATU	

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STATE OF MARYLAND

6 L	1 - FOR STATE REGISTRAR		DEPARTM	NENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	D.	8 0	4
	DECEASED NAME	FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	18	26 HOUR
deogh	I. SEX	VALERIA	NO D	MOLA		(30	0.0	5:30a M
4	Male		lipino 8	S. DATE O		6. AGE (IN YEARS LAST BIRT	YRS.	UNDER I YEAR	HOURS MIN.
97	RTHPLACE (STATE OR COUNTRY) Philippines		S.A.	8. MARRIED WIDOWEI	NEVER MARRIED X	PRINCE (MD.
	CLINTON	ATH 11. NAA	AE OF HOSPITAL, NURSING OT IN SUCH FACILITY, GIVE STREET A SOUTHREN MI	G HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF TOTAL OF THE PROPERTY OF THE PROPER	NC E WORKING LIEE)	12b. KIND O INDUSTRY	F BUSINESS OR
35	JOUAL RESIDENCE (IF NUR 130 STATE Md.		13t. CITY OR TOWN Oxon Hil	ADMISSION)		136.STREET ADDRESS / 1803 Fenwo		. 20	745
160	FATHER'S NAME FIRST Mauro	MIDDLE	Molano		15. MOTHER'S MAIDEN NAME FIRST Paulina	MIDDLE		DeGuzm	
medical	(YES, NO OR UNKNOWN) Yes	IN U.S. ARMED FOR			17. INFORMANT Patrocinio M	. Pagal as	iin it	em 13	
r ta burial, crematian, injury, ar ather traum	Conditions, if any gave rise to im couse (a), static underlying cause	, which mediate ng the last.	TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE (c) ONS CONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERMI			I IN PART I TO	
iene prior	190 DATE OF OPERA	TION 19b. (CONDITION FOR WHICH (OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	WERE FINDIN	GS USED OF DEATH?
	00.00011001011010	CAUSE OF DEATH HO	TIME OF INJURY UR A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
rked or Item	CIFEITHER, NOTHY MED 216. INJURY OCCUR WHILE NOT W AT WORK AT WO	RED 21e F	P.M. PLACE OF INJURY OME, STREET, FACTORY, OFFICE, FA	19 (RM, ETC.)	211. LOCATION STREET	CITY OR TOV	νν	COUNTY	STATE
rinea for use as the botto sept. of Health and Ment them 21 is marked or Itel	220.1 certify that (1)	RED 21e F (AT HI	PLACE OF INJURY OME, STREET, FACTORY, OFFICE, FA ded the deceased from	(RM, ETC.)		. to 6/3	, 19	86	hat (I) (we) last causes stated
e genanea for use as me build State Dept. af Health and Ment NT: If tem 21 is marked or Itel	22a. certify that (1) saw the decease above, (1) (we) (RED 21e F (AT H) (Ithis hospital) attended alive an did (did nat) view the	PLACE OF INJURY OME, STREET, FACTORY, OFFICE, FA ded the deceased from	(RM, ETC.)	d that in (my) (our) apinion d	. to 6/3	te and hour o	86, t	hat (I) (we) last causes stated
with the State Dept. of Health and Mental	220.1 certify that (1) saw the decease above, (1) (we) (1) 22b. SIGNATURE	RED 21e F (AT H) (this hospital) atten ed alive an did) (did nat) view the	PLACE OF INJURY OME STREET, FACTORY, OFFICE, FA ded the deceased from body after death. 19 ATE 23c. N	AME OF CE	ATTENDING PHYSICIAN PATERY OR CREMATORY ET AN S Cem.	to	te and hour o	P.G.	hat (I) (we) lost couses stated SIGNED Sharp

DHMH (VRA 15, 4)

G.P. Kalas F.H. 6160 Oxon Hill Rd. Oxon Hill, Md. JUL Z

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REGISTRAR

S REG.	NO.	1	8	Ü	5
DEATH	MONTH	DAY	VEAD	1 21	LIOI

3. SEX Female Caucasian 70. BIRTHPLACE (STATE OR FOREIGN New Jersey VISA 10. CITIZEN OF WHAT COUNTRY? New Jersey 11. Name of Hospital, Nursing Home or other institution (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Ft. Washington 11. Name of Hospital, Nursing Home or other institution (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Ft. Washington 120. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 131. CITY OR TOWN 132. STATE 133. COUNTY 134. CITY OR TOWN Maryland 134. FATHER'S NAME Cyril 135. MOTHER'S MAIDE 14. FATHER'S NAME Cyril 15. MOTHER'S MAIDE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 161. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (d), (b) and (c) DUE TO, QRAS A GONSEOUENCE OF	VRS MONTHS DAYS HOURS MIN. OUNTY OF DEATH TGE'S MI PRING LIFE) 126. KIND OF BUSINESS OR INDUSTRY PCODE Drive 20747 Purcell
New Jersey USA MARRIED NEVER MARRIED Prince Geo.	rge's MI DRKING LIFE) 126. KIND OF BUSINESS OR P CODE Drive 20747 Purcell Same As 13
Ft. Washington Ft. Washington Rehabilitation Ctr. Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 138. STATE 138. STATE 138. COUNTY 138. COUNTY 138. CTYPE OF WORK FOR MOST OF WIR HOMEMAKER 139. STATE 139. STATE 130. STREET ADDRESS / ZI 2020 Brooks 14 FATHER'S NAME FIRST Cyril Forbes 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 16 FYES, GIVE WAR OR DATES) 16 CAUSE OF DEATH (Enter anly one cause per line far (a), (b) and PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) LAST Helen 17 INFORMANT ADDRESS 18 CAUSE OF DEATH (Enter anly one cause per line far (a), (b) and PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) LEST HOMEMAKER 1983 HOME 1984 HOME 1985 HO	P CODE Drive 20747 Purcell Same As 13
13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZI Maryland Prince Geo. Forestville 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZI 2020 Brooks 14. FATHER'S NAME FOREST LAST FIRST Helen 15. MOTHER'S MAIDEN NAME FIRST Helen MIDDLE Helen MIDDLE Helen MIDDLE Helen MIDDLE MOTHER'S MAIDEN NAME FIRST Helen MIDDLE MIDLE MIDDLE MIDLE MIDDLE MIDDLE MIDLE MIDDLE MI	Purcell Same As 13
Cyril FORDES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH LEnter only one cause per line for (a), (b) and C 18 CAUSE OF DEATH LEnter only one cause per line for (a), (b) and C 18 CAUSE OF DEATH LEnter only one cause per line for (a), (b) and C IMMEDIATE CAUSE (a) 18 CAUSE OF DEATH LENTER ONLY ONE CAUSE DEATH LENTER ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	Same As 13
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-74-6781 Marie A. Barbee Daughter 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) COLUMN (A)	
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) and of ship of the control of the cause (b) and the cause (c) and the cause of the cause (c) and the cause of the cause (c) and the cause of the cause	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2 OTHER SIGNIF CONDITIONS CONTRIBUTING TO DEA HUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS O DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 207 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY? 208 AUTOPSY? 208 AUTOPSY? 209 AUTOPSY? 209 AUTOPSY?	ON GIVEN IN PART 110 b. IF YES, WERE FINDINGS USED
	CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
AND CONTRACT CONTRACT HOUR AM. MONTH DAY YEAR	ITEM 18 PART I OR PART 2)
WHILE NOT WHILE NOT WHILE AT WORK ALL WORK CALVES OF DEATH (A FEBRUARY MEDICAL EXAMINER) OR CONTINUED THE CAUSE OF DEATH 19 P.M. 19 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
270. I certify that (I) (this haspital) attended the deceased from 29, 19, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	D 6-3-8
230. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN CITY OR TOWN SPICE SPIC	

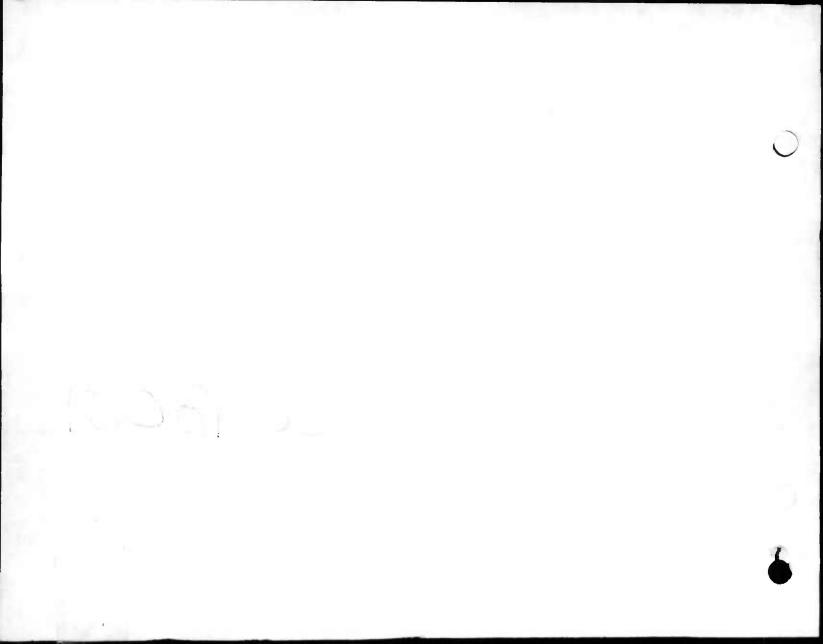
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

FUNERAL DIRECTOR

Francis J. Collinsoness Jr. 500 University Boulevard West Silver Spring, Md.

JUN 9 BY REGISTRAR 26. REGISTRAR & SIGNATURE CERTIFICATE #86-18051



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 1. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF TESSIE DEATH MATED 3. SEX IF UNDER 1 & AGE (IN YEARS IF UNDER 24 HRS 2 c. DATE BIRTHDAY) PRONOUNCED DEAD O BIRTHPLACE 9 BALTIMORE CITY MARRIED NEVER MARRIED FOREIGN COUNTRY) Virginia U.S.A. DIVORCED v ore CITY OR TOWN OF DEATH KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Homemaker Home INSIDE CITY LIMITS? 13e STREET ADDRESS ATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST Daniel M. Chinn Sarah Lowry WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO University Park, PAGES LYES NO OR UNKNOWN 577-62-2308 Jennie Kraus 4200 East West Hwy. No None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), APPROXIMATE INTERVAL ALONG WI EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 11FM 18
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG Y
TO FUNGARAL DIRECTORY, PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT
AF IER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE,
BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH PM 21e PLACE OF INJURY 21d. INJURY OCCURRED 21 LOCATION STREET, FACTORY, FARM, ETC. CITY OR TOWN STATE COUNTY WHILE AT WORK AT WORK Inspection 22e I certify that I taak charge of the remains described above, held on Autopsy and in my apinian Natural causes death resulted fram: Accident Hamicide L Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER SKINATHREE MANINER'S NAME 1919 Seminary Rd. Silver Spring, Md. John S. Rogers TYPE OR PRINT 23e BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY June/30/86 Burial Ft. Lincoln Cemetery Brentwood, P.G. Co., Maryland 07/84 BP 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH - 17** who Davidson Mandeson Riverdale, Maryland Chambers Funeral Home (VR A15 ME (5))

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			CEASED NAME PE OR PRINT)	FIRST		MID	DLE		LAST	77.	2a DA	TE KNOW	N N MO	NTH DAY	YEAR	26 HOUR
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	절은표정품	3. SE)	(4. RACE	5. DATE OF		6. AGE (IN YE	ARS IF UN	DER I YR.	IF UNDER 24		ATE	40M	VIH DAY	YEAR	2d HOU 9:40
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9	NA SAN	16a. V	VAS DECEASED	DEVER IN U.S. A		5? 161	SOCIAL SECURIT	Y NO.	17. INFORM			ADDI	RESSA25	Papp	enmi'	17 1 -
5	SSE /	1	No.	WN) [IF YES, GIV	E WAR OR DATES)	22	27-56-874	2	Lock	sie M.	Dair-	Sieta	n_Non	falk	ATHITT	DAEUJ
3	SE AND	-	IN CAUSE O	F DEATH (Enter o	nly one cours			<u>da</u>		070 119	rait-	21369	T-MOT		PPROXIMATE	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	D BE EXECUTED BENDING" IN INTERPRETABLE BY A BURIAL AND MELICAL EXAMITED WITH AND MELICAL BY AND	7	PART 2 OTHER SIG	GNIFICANT CONDITION	CONTRIBUTING 1	O DEATH BUT NO	OT RELATED TO THE TERA	IINAL DISEAS	E DR CONDITION	GIVEN IN PART 1	tal.					
ECC	"PENDIN" FE MEDIC FE AS A I HEALTH AL, CREM	CERTIFICATION												(TAY)		
AL R	SED SED	₹ J	19a. DATE OF	OPERATION	196.	CONDITION	FOR WHICH OPER	W NOITA	AS PERFORA	MED?				20 /	AUTOPSY?	
Y.	X82557	1													YES X	NO 🗌
0	HIS CERTIFICATE SHOULD INVESTIGATION THE WORD "PENARARDED TO THE CHIEF MAGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEAD ATE OF PENARARD STOOL PRIOR TO BURIAL, C		210. EXTERNA	L CAUSE WAS		UR A.M. MC		21c. Ho	OW INJURY	OCCURRED (ENTER NATURE C	OF INJURY IN ITE	M 18 PART I	OR PART 2)		
ON	これらられる!	3	CONTRIBUTING	NG CAUSE OF		P.M.	19									
VISI	CERTIFI TING T 3 SHO DEPAR PRIOR	MEDICAL	21d. INJURY C		ST	PLACE OF IN	IJURY INTHOME,		CATION		6577.0	OR TOWN		0.000		STATE
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	95.45.85		EXAMINER'S	NAME DO	nnic E	Cross	th, M.D.			77.	l Penn	C+				
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER, DEATH, WITH THE ST BALTMORE, MARYLAND, 2	22 2	(TYPE OR PRIN			• DIIIY			ADDRESS							
		230.B	Remo	ION, REMOVAL	7/3/86		23c. NAME OF CE	METERY O	R CREMATO	RY 2	3d. LOCATIO	4		COUNTY	STA	ATE
07/84 25M	BP		UNERAL DIREC		1/3/86	77	10 Cana	- n.	- 1/10/10	to DATE DES		ngton	NEC 15 - 2	Vi	rigin	18
	DHMH - 17				Samuel	ADDRESS	. Washing	a AV	B. MW.	DATE REC	D. BY REGIS			R'S SIGNAT		
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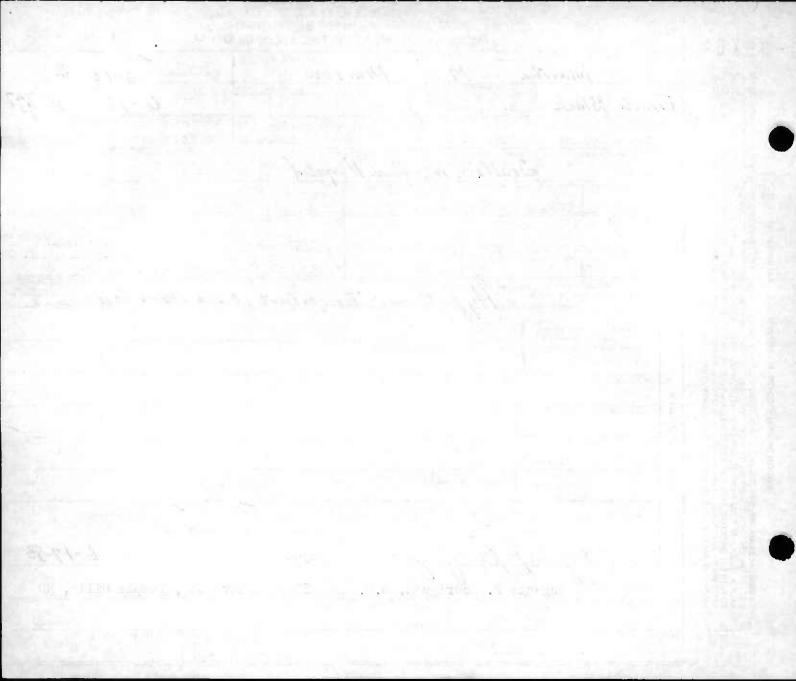
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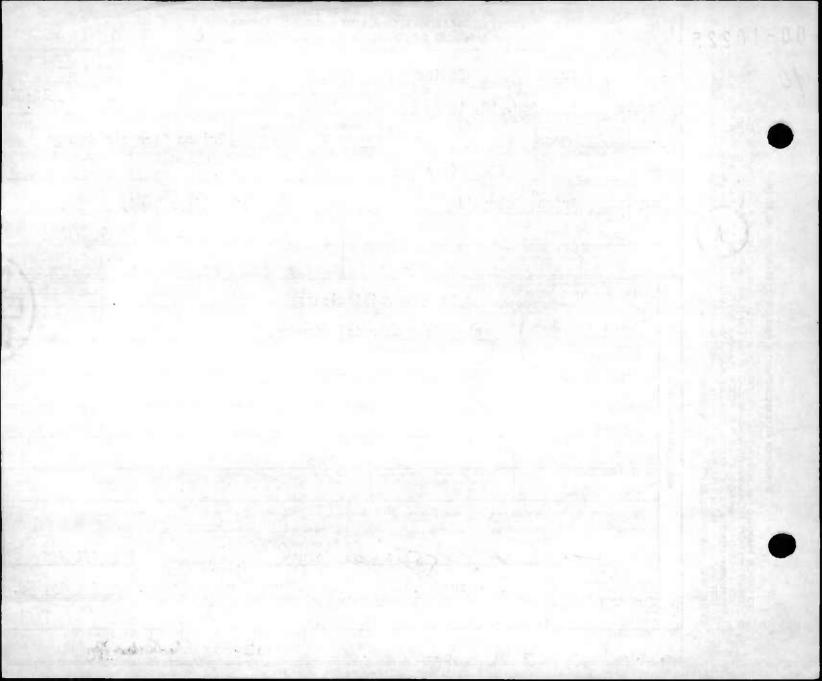
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STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE REGISTRAR . DECEASED NAME MARTHA MORROW 20 DATE KNOWN MONTH (TYPE OR PRINT) Martha DEATH MATED 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED JAN. 5, 1916 70 DEAD Th. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince Georges North Carolina United States DIVORCED X WIDOWED [CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Clinton domestic private USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 13b. COUNTY 13c. CITY OR TOWN 3d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Prince George Brandywine YES X NO [7717 Earnshaw Drive 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST Beulah SNEED Brown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO INFORMANT Brandywine, Md. DIVISION HE YES GIVE WAR OR DATES 22 844 6199A Betty McNeil-daughter-7717 Earnshaw Dr No PAGE 4 SHOULD BE FORWARDED TO THE CALCUIED WITHIN 24 HOUR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WINTEN 18.

TO FUNEXAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURRAL. TRANSIT ALONG WINTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DISARTIMORE, MARYLAND, 21201 REIOR TO BURRAL, CREMATION, OR REMOVAL. CAUSE OF DEATH (Enter only one cause per for (a), (b), and (c). Centeres pelustes abriles 12 suels DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY DUE TO MINAS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO I 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT WORK D NOT WHILE STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Accident Hamicide death resulted fram: Undetermined manner TITLE (SPECIFY) Deputy SIGNATUR MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD (TYPE OR PRINT 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL Maryland 6/21/86 Burial Harmony Memorial Park Landover 07/84 TSh REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 17 2617 Pennsylvania Ave SE ALEXANDER S. POPE (VR A15 ME (5))



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	TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST, BATTIMORE, MARYLAND, 2		death result		urol causes		Accident		vicide	Hamici			mined monr		, -			
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O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death centificate be executed within 24 hours ofter death. Page

retained by the hospital or attending physician.

STATE OF MARYLAND

8	Ö REG. N	10.	Manager .	8	U	5
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1-	STATE REGISTRAR			DEPARTA		FICATE OF DEATH	HYGIE	NE 8 O	O.	8 0	3	0
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BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or Item A8 shows ony injury, or other troumotic event, the

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 6/6/86 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OF TOWN

COUNTY

Burial 6/6/86 Maryland Veterans Cem. Cheltenham P.G. Maryland Funeral Director

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland JUN 9 1986 July Maryland

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STATE OF MARYLAND

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June 6,1986 National Memorial

1500 W. Braddock Rd.

Alexandria, Va. 22302

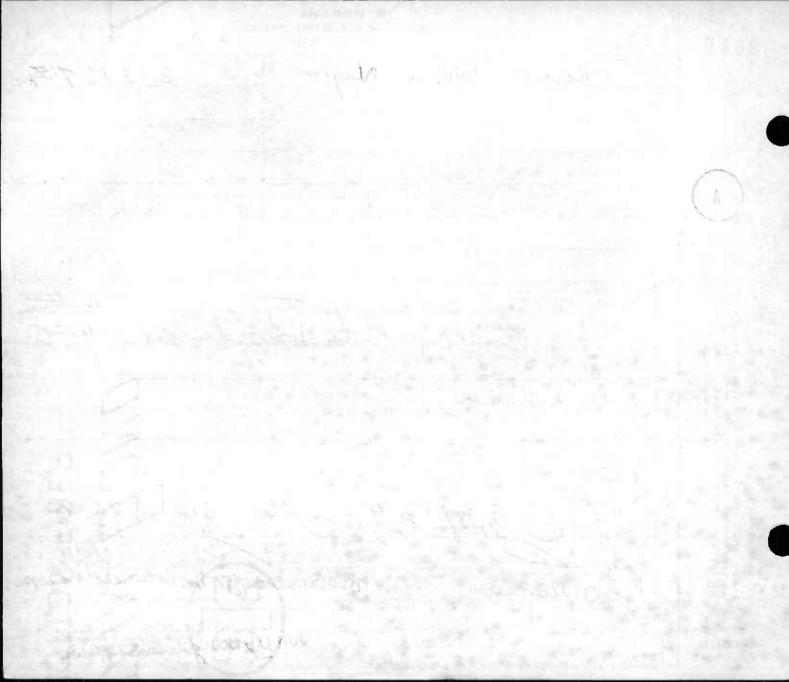
Falls Church Fairfax

DHMH - 16 50M 4/83 (VRA 15, 4) Burial

Everly Wheatley

24 FUNERAL DIRECTOR

BP.



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	3		P.	E		

STATE OF MARYLAND

8 6 REG. NO	I	8	Ü	5	
E OF DEATH MONTH	DAY	YEAR	2b	HOUR	

	T - STATE REGISTRAR			F HEALTH AND N		0	5	8	0 5 9
	. DECEASED NAME FIRST	WIDDLE		LAST		20 DATE OF DEATI		DAY YEAR	26 HOUR
		Brittin	aham	Neal			6 2	3 86	3.15p.M
1		RACE		TE OF BIRTH		AGE IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 FRS
			M	ONTH DAY	YEAR	59	1000	ONTHS DAYS	HOURS MIN.
1	Female BIRTHPLACE (STATE OR FOREIGN 71	Cauc CITIZEN OF WHA	T COUNTRY? 8	0.5	27	9. BALTIMORE CIT	Y OR COUNTY	OF DE ATH	
31	COUNTRY)		MAR	RRIED X NEVER M	ARRIED -		Georg		
1	Maryland I. CITY OR TOWN OF DEATH	USA	WIDC		ORCED	12a. USUAL OCCUP			. MD.
	Forestville	Regency	Nursing	Home	TOTION	Operato	ST OF WORKING HE	INDUSTRY	elephon
1	USUAL RESIDENCE (IF NURSING HOME OR O 130. STATE 131. COUNT Delaware Sus	Y 13c	residence before admissi CITY OR TOWN aurel	13d. INSIDE CI	TY LIMITS?	13 STREET ADDRE	ss/zipcope ttsdale	e Park	/19956
12		DDLE	LAST	F	MAIDEN NAM	MIDDI	F .	LAS	ir _
2			Britting		Eva		ington		ylor
7	60 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE Y	WAR OR DATES	SOCIAL SECURITY N		0011				lcolm C
2	No	2:	21-16-71	41 Barry	W. No	eal Co	ckeys	ville,	MD
F	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line	farial, (b), and (c)					BETWEEN	MATE INTERVAL ONSET AND DEATH
			ute Cardia	a Axxoat				1 da	
	IMMEDIALE					13 1 34			13.25
	Conditions if now which	,	A CONSEQUENCE O					mont	ths
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis								rs
	PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTR	RIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMIN	NAL DISEASE OR C	ONDITION GIVI	EN IN PART To	a
7	90. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION	N FOR WHICH OPERA	WHICH OPERATION WAS PERFORMED 20a . YES				, WERE FINDIN	
<u> </u>	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJ			URY OCCURRE	YES NOL	INJURY IN ITEM TO PA	ART I OR PART 2)	
			MONTH DAY YE						
	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M.		211 LOCATIO	N				
	- NOI WHILE		ACTORY OFFICE, FARM, ETC			CITY	RTOWN	COUNTY	STATE
П	220 Legation that (I) (ISV 1882)	V attended the de	spaced from No.		10 05	. T		1986	shee its beatlest
	sow the deceased alive an above. (I) (XXXXX)			, and that in (my)	X) apinion de	, taJunc eath occurred an th	e date and hour	and from the	that (I) XX last causes stated
П	22b SIGNATURE	view the body offer	death.	DEGREE				22c. DATE	
	MN		TM	M.D.	TENDING HYSICIAN TO	MEDICAL S	STAFF (SICIAN)	61	23/86
7	THE HYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS				1 0/2	23700
/	6, 12, 12, 13, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14			6188	Ovon Hi	ill Road	Oron 1	rr-11 M	1D 2074F
1	Philip Wisotsk Burial, CREMATION, REMOVAL	Z3b. DATE	122. NIAA45.	OF CEMETERY OR C		Izad LOCATION	OXOII I	Hill, M	1D 20745
1	(SPECIFY)					CITY OR TOW		COUNTY	STATE
-	Cremation	6/25/8	6 Hunt	t Cremat	ory	Waldo		harles	
12	4 FUNERAL DIRECTOR		ADDRESS			REC'D. BY REGISTE	CAR 256. REGIST	BAR'S SIGNAT	Handall
-	HUNTT FUNERAL	HOME. W	ALDORF.	MD	JUN	ZO BU) Graden	alto I contract and	

DHMH - 18 60M 7/84 (VRA 15, 4)

oleman Suesex Haurel x - 10 counge camele eul datthew Endutin hem ava madraithe wedttell lee 201-11-7141 tone '. mgl -Qockeysville, will

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 6	î	8	0	6.	-
REG. NO.					

3	1-	STATE REGISTRAR					IEALTH AND MENTAL HYC	ŏ	REG. NO.	1 0	0.
3		OR PRINT	FRANCE		LOUISE	NOR	TON	2a DATE OF	DEATH MONTH	-28-86	26 HOUR
1	F	EMALE	4	RACF WHITE	nie.	5. DATE O		6. AGE (IN YE	ARS LAST RIRTHDAY)	MONTHS DAY	
17	Wa	Shington	D.C.	U.S.A.	WHAT COUNTI	RY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	PRINCE GEORGE*S		٨	
3	R	TY OR TOWN OF DI		(IF NOT IN SUC	MEMOR	IAL HOS	PTTAL.		CCUPATION for most of working hone Ope		OF BUSINESS C Y Provide Hospita
35	No S	AL RESIDENCE OF NU TATE Aryland	13b COUNT P.G.	Υ	13c. CITY OR TO	OWN	YES 🔣 NO 🗍	4711 B	DDRESS / ZIP CO		d 20783
Ko	5	Caskie		M.	Smit!	-	15. MOTHER'S MAIDEN NA FIRST Elizabeth	ME	MIDDLE	Bayli	
medico /		VAS DECEASED EVE ES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES}	16b SOCIAL SI	6-0530	Mr. Robert	J. Nort		906 Bel	
ther travmatic even		Canditians, if an gave rise to in cause (a), stat underlying caus	nmediate	DUE TO, O	K AS A CONSE		ed Chymic Arkery a	c obstra	untive		
S any injury, or other traumatic event	IFICATION	gave rise to in cause (a), stat underlying caus	y, which namediate ling the see last	DUE TO, OI (b) DUE TO, OI (c) DINDITIONS CO	R AS PRONSE RAS A CONSE LY OY DISTRIBUTING	QUENCE OF LUNCY TO DEATH BUT) I CHO E		A DIGGERAL ANNAL DISPASE	OR CONDITION 200. IF	GIVEN IN PART FCCCC YES, WERE FING RTIFYING CAUS	DINGS USED ES OF DEATH?
tends sony linery, or other traumatic even	CAL CERTIFICATION	gave rise to in cause (a), statunderlying cause	y, which mediate ing the se last. BNIFICANT CO DEN FOR ATION NDERLYING	DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CO St' (M	RAS A CONSE LAY QY DNTRIBUTING (2) J ITION FOR WH	QUENCE OF LUNCY TO DEATH BUT) I CHO E	Ar Kery a	A DITO	OR CONDITION	GIVEN IN PART FOR CAUS YES, WERE FINE RTIFYING CAUS	DINGS USED ES OF DEATH?
inked at Them of stors any Julyiny, or other travimatic event	MEDICAL CERTIFICATION	gave rise to in cause (a), statunderlying cause PART 2 OTHER SIC (a) DATE OF OPER 216. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTHY MEI 21d INJURY OCCU	y, which mediate ing the se last. SNIFICANT CODEN FOR ATION NDERLYING CAUSE OF DEATH DICAL EXAMINER) RRED MHILE [7]	DUE TO, O (b) DUE TO, O (c) DODITIONS CC Sc M 196 CONDI 216. TIME O HOUR A. P. 21e PLACE	R AS A CONSE	OUENCE OF YEAR BUT DEATH BUT DEATH BUT OPERATION	A lery a NOT RELATED TO SHE TERM FOR MEDIAN	A DITO	OR CONDITION	GIVEN IN PART FOR CAUS YES, WERE FINE RTIFYING CAUS	DINGS USED ES OF DEATH?
n 21 is marked at Henrida UCs any Jajury, or other traumatic event	14.50 (4)	gave rise to in cause (a), statunderlying cause PART 2 OTHER SIGN (B) DATE OF OPER 216. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTHY MEET) IN JURY OCCU	y, which namediate ing the se last. GNIFICANT CODEN FOR ATION NDERLYING (CODEN FOR ATION) ACAUSE OF DEATH ORK (CODEN FOR ATION) I (This haspita asset alive an asset alive a	DUE TO, OI (b) DUE TO, OI (c) DIDITIONS CC Si M 196 CONDI 196 CONDI 216. TIME O HOUR A. P. 21e PLACE IAT HOME. STE	R AS A CONSE	OUENCE OF ' OUEN'S TO DEATH BUT) I WE CONTROL ICH OPERATIO DAY YEAR 19 K.E. FARM, ETC.)	A lery a NOT RELATED TO SHE TERM FET MULLIF IN WAS PERFORMED 216 HOW INJURY OCCUR 211 LOCATION	A DISEASE AINAL DISEASE THE AUTOF	OR CONDITION 20b. IF IN CEI WEE OF INJURY IN ITEM CITY OR TOWN	YES, WERE FINE RTIFYING CAUS YES [] COUNTY 19 56 haur and fram the	DINGS USED ES OF DEATH? NO STATE that (II (we) Ic ne couses stated
VI. If from 2.1 is marked at flowed stores any injury, or other traumatic event	14.50 (4)	gave rise to in cause (a), statunderlying cause (b), statunderlying cause (b). PART 2 OTHER SIGN (b) AT WORK (c) A	y, which namediate ing the see last. GNIFICANT CODEN FOR ATION NDERLYING (AUSE OF DEATH ORRED) PRED WHILE (I) (this haspita is seed alive an cide) (dud not)	DUE TO, OI (b) DUE TO, OI (c) DIDITIONS CC Si M 196 CONDI 216. TIME O HOUR A. P. 21e PLACE [AT HOME. STE	R AS A CONSE	OUENCE OF' TO DEATH BUT TO D	NOT RELATED TO THE TERM NOT RELATED TO THE TERM PER MOULT NOT RELATED TO THE TERM TO THE TERM NOT RELATED TO THE TERM ANAL DISSASE TO AUTO TES RED (ENTERNATI death accurred	OR CONDITION 20b. IF IN CEI WEE OF INJURY IN ITEM CITY OR TOWN	YES, WERE FINE RTIFYING CAUS YES 18 PART LORPART 2 COUNTY 19 School 19 Part	DINGS USED ES OF DEATH? NO STATE	
MPORTANT: if from 21 is manked at Thomas vices any injury, or other traymatic even	14.50 (4)	gave rise to in cause (a), statunderlying cause (b), statunderlying cause (b). PART 2 OTHER SIC (b) The DATE OF OPER (c) The DATE OF OP	y, which inmediate ing the see last SINIFICANT CODE FOR ATION NDERLYING OF COMMENT OF C	DUE TO, OI (b) DUE-TO, OI (c) ONDITIONS CO SE'M 196 CONDI 216. TIME O HOUR A. 216. PLACE [AT HOME. STE	R AS A CONSE	OUENCE OF' TO DEATH BUT TO D	NOT RELATED TO THE TERRY NOT RELATED TO THE TERRY FER MOULD 121c HOW INJURY OCCUR 211 LOCATION STREET 211 LOCATION STREET ATTENDING PHYSICIAN E	ANAL DISSASE RED (ENTER NATI death accurred MEDICAL DIRECTOR	OR CONDITION 20b. IF IN CEI WE OF INJURY IN ITEM CITY OR TOWN On the date and I PHYSICIAN C	YES, WERE FINE THE PART I OR PART 2 COUNTY 19 120 DA 6/2	DINGS USED ES OF DEATH? NO : that (II (we) II the causes stated ESIGNED 18/86

DHMH - 16 60M 7/84 (VRA 15, 4)

warm and E.C. scale on Park x colors on the Sala

Carbio II. Pavilie II. Pavilie II. (275-36-530 iii. Poheri.]. Perton Pelteville, d. 20703

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9015 969

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FOR - STATE REGISTRAR DECEASED NAME

FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	IENE 8	6 G. NO.	1	8	0	0	
	20. DATE OF DEA	TH MONTH	DAY	YEAR	2b	HOUR	
١	June	,	10	0/	2	2	. /

Fleared by Dr. Badriquen	TO HOSPITAL OR ATTENDING PHYSICIAN THE BY HOUTH death centrone be executed within 24 years from 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filed in a file file filed in the file of the contraction and completely filed in a file file file filed in the file filed in the file filed in the filed in the file filed in the file filed in the file filed in the	should be detached for use as the burde-transit permit, then prease remove corporitorphers, rages it and 2 should be mitted within a liter again with the State Dept of Health and Mental Hygiene prior to bursal, cremotian, ar removal.
	BP		

DWISION OF VITAL RECORDS, 201 W. PRESTON ST., BAJTIMORE, MARYLAND 2129

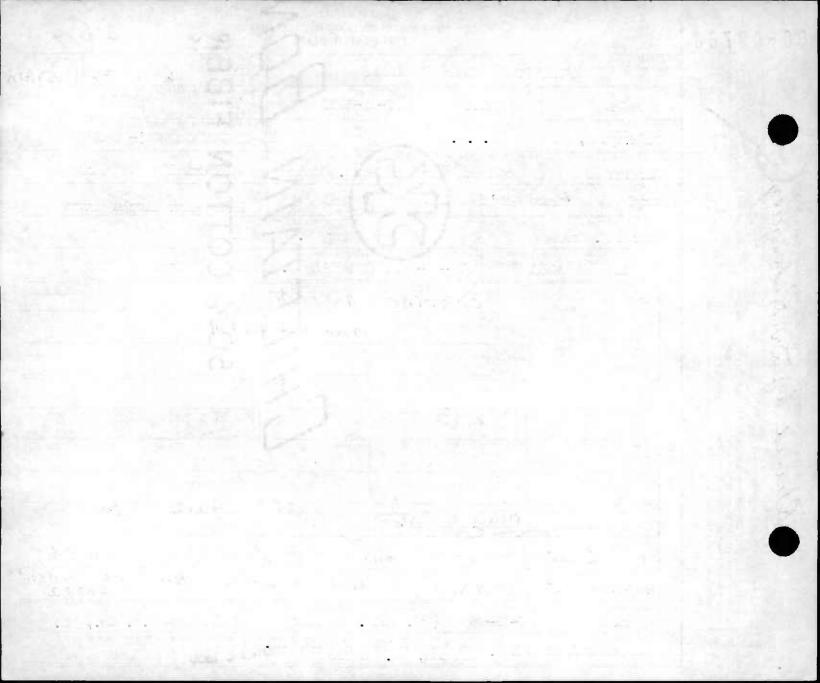
IMPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the med

TYPE OR	R PRINT)	CLIFFO	RD	LEE	OAKE	S	June	6	10 86	11:50 An
3 SEX	Male	4. F	Whi:	te	5 DATE O	E BIRTH 22-1913 YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.
	HPLACE (STATE OR FOUNT IN THE COLOR FOUNT IN THE CO			WHAT COUNTR	Y? 8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF PRINCE G			TY MD.
	ORTOWN OF DEAT	IH 111.				ROTHER INSTITUTION Hosp. Center	LIZE USUAL OCCUPAT			f BUSINESS OR
	RESIDENCE LIF NURSING	e ince	Geo s	GIVE RESIDENCE BEF 13c. CITY CT FG	ore admission)	YES NO 🔀	13e STREET ADDRESS 6405 Man	zip cod or Ci	rcle Dr	735 ive
	eorge A. O	akes ""	DLE	LAST		Mary E. Bu	mett MIDDIE		LAS	1
	AS DECEASED EVER II 5. NO OB UNKNOWN) Yes	U.S. ARMEI	D FORCES? AR OR DATES)	578-01		Phyllis M. (Dakes		as #13	
18	8 CAUSE OF DEATH PART I. DEATH WA	I (Enter only on AS CAUSED B IMMEDIATE C	Υ.	line for (a), (b),		ARREST	W. Len. 10 17		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	Canditions, if ony, gove rise to imm cause (a), stating underlying cause	ediote	(b)	R AS A CONSEG		PARKINSON	v.'SEM			
				NTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM				
CERTIFICATION	90 DATE OF OPERAT	OF OPERATION 196 CONDITION FOR WHICH OPE			CH OPERATION	N WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA			
CAL	HOUR A.M. MONIH DAY					21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART OR-PART 2)	
	MHLE OCCURRI		21e. PLACE (OF INJURY EET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATION STREET	OT RO YTI)		COUNTY	STATE
	20.1 certify that (1) (saw the decease above, (1) (we) (d	d alive on	ma	deceased from 19 offer death.	86 , on	d that in (my) (aur) apinion of	death accurred on the d	ate and ha	ur and fram the	
	H. 3	robe	h	2	mi	FITTSICIAN (MEDICAL STA	CIAN		SIGNED 6
	HASSAN		SHEI	4Ri		1328 - Sou	ettern A	bre.	. 3E .	WASH 032
23a BUI	RIAL, CREMATION, F	REMOVAL	6-13-8			EMETERY OR CREMATORY	23d LOCATION Che I tenh	am P	GCOUNTY	Md State

Lee Funeral Home Inc. 6633 Old Alexander Ferry Rdon 18 1986 | Registrar's Signature 250 Rd Funeral Home Inc. Clinton, Md. 20735

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR



STATE OF MARYLAND

RTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	REG. NO.	- market

	11.	REGISTRAR					ATE OF DEATH	Ö	REG. NO.	1 0 0	0
00		CEASED NAME	FIRST		MIDDLE	LAS		2a. DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
	(TYPE	OR PRINT)	WILL	LIAM	J	0	CONNOR		06	18 86	10 00/
	3. SE	X	*****	4. RACE		5. DATE OF	BIRTH	6. AGE (IN YEAR		IF UNDER 1 YEAR	IF UNDER 24 H
19.75		MALE		WHI	me	03/1	O / 1 C	7.0		MONTHS DAYS	HOURS M
1.0	70 B	RTHPLACE (STATE OR	FOREIGN		F WHAT COUNTRY?	0		70	CITY OR COUN		
17		COUNTRY					NEVER MARRIED		-		
6/	- Barbara	EEKSKILL			SA	WIDOWED			GEORGE		
211	100	ITY OR TOWN OF DE	ATH		F HOSPITAL, NURSIN		OTHER INSTITUTION	12a USUAL OC	CUPATION OR MOST OF WORKING	126 KIND OF	BUSINESS
17	14	HEVERLY		PGG F	HOSPITAL AT	ND MED	CAL CENTER	LINE	SPLICER	TELE	PHON
100		AL RESIDENCE (IF NUR	1136 COUN		ON, GIVE RESIDENCE BEFORE		3d. INSIDE CITY LIMITS?	112 STREET AD	DRESS / ZIP CO	00 90	nus
あら	ALC: U	ARYLAND	1		ED SEAT					LEASANT	DOTT
2		ATHER'S NAME	1				MOTHER'S MAIDEN NA		JEGI II	LADANI	DALV
Kal	V	WILLIAN	K	WIDDIE	O LCONING:	5 I	FIRST	,	AIDDLE	LAST	
S-C	10.	WAS DECEASED EVER	_	MED EODOES	O CONNO	-	IRENE 7. INFORMANT		ADDRESS	VBURY	
4/	1	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
5	T .	ZES	MM	II	1 0800-T	7-618	CELIA A.	O CONNO	OR SAM		AATE INTERVAL
other troun		Conditions, if ony gove rise to im couse (a), statiunderlying couse	mediote ng the	DUE TO,	OR AS A CONSEQUE	NCE OF	running	an		3-2-0	ay .
6		PART 2 OTHER SIG	NIFICANT	CONDITIONS	CONTRIBUTING TO I	DEATH BUT N	OT BELLATED TO THE TERM				
0	NO.				- 11		OT KELATED TO THE TERA	MINAL DISEASE C	OR CONDITION (SIVEN IN PART 110	
all a		Mima	and,	120 H	Marchino	2 00	of & Welst	AINAL DISEASE	DA CONDITION	GIVEN IN PART 110	
The sales	4 4	Mype 19a DATE OF OPERA	and	al M	Marchine FOR WHICH	n de	d& new	AINAL DISEASE C	120b. IF	YES, WERE FINDIN	GS USED
on which	FICATIO	19a DATE OF OPERA	and TION		WA CHUB	n de	d& new	20a AUTOP	120b. IF	YES, WERE FINDIN	GS USED OF DEATH?
and and and	ERTIFICATIO		hos	ne		OPERATION	WAS PERFORMED	20a AUTO	20b. IF IN CER	YES, WERE FINDIN TIFYING CAUSES YES	GS USED
18 servinin	L CERTIFICATION	19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING	LUCI IDERLYING	216. TIME	OF INJURY	OPERATION W	d& new	20a AUTO	20b. IF IN CER	YES, WERE FINDIN TIFYING CAUSES YES	GS USED OF DEATH?
Nam 18 sees any injur	CAL CERTIFICAT	21g. ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER, NOTIFY MED	DERLYING CAUSE OF DE	21b. TIME HOUR	OF INJURY A.M. MONTH PA	OPERATION AY YEAR 19	WAS PERFORMED WAS PERFORMED 216. HOW INJURY OCCUP	20a AUTO	20b. IF IN CER	YES, WERE FINDIN TIFYING CAUSES YES	GS USED OF DEATH?
tor them 18 shares any injur	CAL CERTIFICAT	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUR	CAUSE OF DE	21b. TIME HOUR R)	OF INJURY A.M. MONTH DA	OPERATION AY YEAR 19	WAS PERFORMED	YES NATURE	20b. IF IN CER	YES, WERE FINDIN TIFYING CAUSES YES	GS USED OF DEATH?
only on them 18 states any injury	MEDICAL CERTIFICATION	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUR	CAUSE OF DE.	21b. TIME HOUR R)	OF INJURY A.M. MONTH P.M.	OPERATION AY YEAR 19	WAS PERFORMED VILLE OTHER THE LOCATION	YES NATURE	20b. IF IN CER	YES, WERE FINDIN ITIFYING CAUSES YES 18 PART 1 OR PART 2)	GS USED OF DEATH? NO
morked or them 18 states any injur	CAL CERTIFICAT	21g. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUR	CAUSE OF DELICAL EXAMINED	21b. TIME HOUR R) 21e PLAC (AT HOME	OF INJURY A.M. MONTH PA P.M. IS OF INJURY STREET, FACTORY, OFFICE, F	OPERATION AY YEAR 19	WAS PERFORMED VILLE OTHER THE LOCATION	YES NATURE	20b. IF IN CER	YES, WERE FINDING CAUSES YES B PART OR PART ? } COUNTY	GS USED OF DEATH? NO
21 is morked or them 18 states any injur	CAL CERTIFICAT	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUR WHILE NOTW AT WORK 220.1 certify that (1	IDERLYING CAUSE OF DE.	21b. TIME HOUR 21c. PLAC (AT HOME	OF INJURY A.M. MONTH PA P.M. IE OF INJURY STREET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 ARM. EIC.)	WAS PERFORMED VIA VIA VIA VIA VIA VIA VIA VI	20a AUTOP	20b IF IN CER IN CER ITY OR TOWN	YES, WERE FINDING CAUSES YES	GS USED OF DEATH? NO STATE
em 21 is morked or them 18 stellers any injur	CAL CERTIFICAT	210. ACCIDENT WAS UN OR CONTRIBUTING LIFETHER, NOTIFY MED 21d. INJURY OCCUR HILE NOT W AT WO	IDERLYING CAUSE OF DE.	21b. TIME HOUR 21c. PLAC (AT HOME	OF INJURY A.M. MONTH PA P.M. IE OF INJURY STREET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 ARM. ETC.)	WAS PERFORMED VIII LOCATION STREET VIII LOCATION	20a AUTOP	20b IF IN CER IN CER ITY OR TOWN	YES, WERE FINDING CAUSES YES	GS USED OF DEATH? NO STATE
If frem 21 is monked on from 18 reduces any injur	CAL CERTIFICAT	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUR LE NOT W AT WO 220.1 certify that (I sow the decess obove, (I) (Fee)	IDERLYING CAUSE OF DE.	21b. TIME HOUR 21c. PLAC (AT HOME	OF INJURY A.M. MONTH PA P.M. IE OF INJURY STREET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 ARM. ETC.)	WAS PERFORMED VIII LOCATION STREET Thot in (my Your) opinion GREE ATTENDING	20a AUTOP	20b. IF IN CER IN TEM	YES, WERE FINDING CAUSES YES IB PART 1 OR PART 2) COUNTY COUNTY	GS USED OF DEATH? NO STATE

TO FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

23d. LOCATION CITY OF TOWN

236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. L

BURIAL 06/20/86: MD VET'S CEMETERY CH

24. FUNERAL DIRECTOR OBERT E WILHELM FUNERAL HOME 256. DATE REC'D.

308 SUITLAND ROAD, SUITLAND MARYLAND

CHELTENHAM PG MARY

STATE OF MARYLAND

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DEC	NO

- Barrell		8	4	3	Ó	Ü
	DAY	-	YEAR	2b	HOUR	-

1 - STATE REGISTRAR			F HEALTH AND MENTAL H	YGIENE S O REG NO.	18065
ECEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH MO	NEH DAY YEAR 26 HOUR
(SATE ON PRINT)	Elizabeth	M. 0	lewack	6	4 86 11:01 M
3 SEX	4 RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
Female	Cauc.	, m	9 18 10 10 TEAR	75	YRS
TO BIRTHPLACE (STATE OR FO	DREIGN 76 CITIZEN OF	WHAT COUNTRY?	RIED NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
Wash D.C.	USA		WED DIVORCED	Prince Geor	ge MD.
Forestville		HOSPITAL, NURSING HOM ICH FACILITY, GIVE STREET ADDRESS! Donnell Dr. A	pt. 301	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Housewife	
Maryland	ng home or other institution 13b. COUNTY Pr. George	GIVE RESIDENCE BEFORE ADMISSK 13(CITY OR TOWN Forestville	13d. INSIDE CITY LIMITS?	3715 Donne	P CODE 11 Dr. Apt 301 2071
14 FATHER'S NAME John	MIDDLE	Hardesty	IS. MOTHER'S MAIDEN IN Cecel	MIDDLE	Valandingham
160 WAS DECEASED EVER	N U.S. ARMED FORCES?			ADDRESS	
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	577-01-2876	Linda Flee	twood 6002 Car	lisle Rd. Waldorf
Conditions, if any, gove rise to imm cause (a), stating underlying cause	which ediate 3 the last. (c)	DR AS A CONSEQUENCE O	F CATELLY BUT NOT RELATED TO THE TE		
RIE				YES NO	YES NO
21a. ACCIDENT WAS UNDITOR OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC 21d INJURY OCCURRI	AUSE OF DEATH HOUR	of injury a.m. month day ye. p.m. 1		URRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
21d INJURY OCCURR	E [(AT HOME, S	OF INJURY TREET FACTORY OFFICE FARM ETC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
220 I certify that (I) (I) sow the decease obove, (II) (III) (III) (III) (III) (IIII) (IIII) (IIIII) (IIIIIII) (IIIIIIII	this hospital) attended to dive an Sold (did not) view the bod	melean	DEGREE ATTENDING		19 that (1) the last and have and learn the couses stated 22c DATE SIGNED 6/6/86
Joseph H	. Thibadeau	M.D.	3112 Alabar	na Ave. S.E. Wa	ash. D.C.
230. BURIAL, CREMATION, F			F CEMETERY OR CREMATOR	Y 23d LOCATION	COUNTY STATE
Burial	6/9/8	Md. V	eteran Cemeter	The I tenhar	n P.G. Md

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this

should be detached to with the State Dept of

MPORTANT: If them 21 is marked or Item 18 shows

certificate has been signed by the attending physician

(VRA 15, 4)

24 FUNERAL DIRECTOR G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

6/9/86

Md. Veteran Cemetery

Uheltenham

P.G.

Md.

Sulia Davidoon Mondalas

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1	JA 2	NO	PART 2. OTHER SIGN	HFICANT CC	ONDITIONS <u>CC</u>	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO	THE TERM!	INAL DISEAS	E OR COND	ITION GIVE	V IN PART 110	
1	d of the bound	CERTIFICATION	19a DATE OF OPERAT	101	19b. CONDI	TION FOR WHICH	OPERATION	N WAS PERFORME	ED	200 AUTO	NO [WERE FINDIN ING CAUSES	
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-		23n F	SURIAL CREMATION	REMOVAL	23h DATE	236	NAME OF C	EMETERY OR CREA	MATORY	23d LOCA	ATION			

BP. DHMH - 16 60M 7/84

Richard A. Coleman Funeral Home (VRA 15, 4)

Cremation

Upper Marlboro, Md. 20772

6/24/86

23d LOCATION

Suitland (Pr. Geo's) Md.

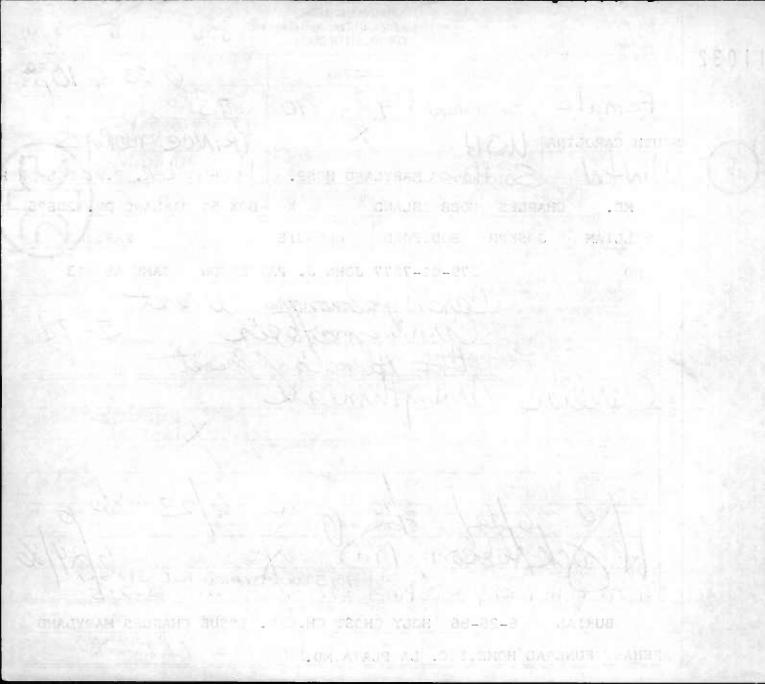
Cedar Hill Crematory REGISTRAR 256. REGISTRAR'S SIGNATURE

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W	VETER DEATH. IF ANY DEEM VE PAGES 1, 2, AND 3 TO T I FORM PM 3. RETAIN PA GES 1 AND 2 SHOULD BE FE SION OFWITAL RECORDS,	1	ARTH	UR	MIDDLE		JONE				RUTH		M	ibott.		ITAT		
Ş	00×40	16a. \	WAS DECEASED	EVER IN U.S. AR				IAL SECURIT	Y NO.	17. INFORA	MANT	1	othe	in,	ESS.	WISE	MAN	
Ē	Sign Sign Sign Sign Sign Sign Sign Sign	(1	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATE	S)	-			AT TOTAL	ית את תיי	1/EUD 4	TO CUS	THI,	na.	201	11	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.	UID BE EXECUTED WITHIN 24 H. "PENDING". IN PENCIL IN ITEM FEDIOAL EXAMINER ALON ED AS A BURIAL - IRANSIT PER HEATH AND MENTAL HYGIEL AL, CREMATION, OR REMOVAL		lying cau	se last.				No.										
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	RE THIS CERTIFICATE SHOULD IN THE WORD "PENDEMARDED TO THE CHIEF MARE PAGE 3 SHOULD BE USED A RESTATE DEPARTMENT OF HEAD ID, 21201 PRIOR TO BURIAL, CHIEF MARE PAGE AND A PAGE A		AT WORK	ATWORK		home	-	4-4			Th Ave	e.,rc	rest		e,P.	TILIC	e Ge	
	NE SON STEEL		22a. I certif	y that I took charg	ge of the rer	mains desc	ribed aba	ve, held an	Autap	y X	Inspection	L	Inquiry	<u>.</u>	and in	my apin	ian	MD
	ME SET SE		death resulte	ed fram: Natu	ral causes		Accident	L, Su	icide	Hamic	ide X	Undeter	mined mo	anner [].			
	AR AR			A	-	> _					PECIFY)							
	H. A. H.		SIGNATURE_	1h	1	X	1		AA		stant	MEDIC	AL EXAM	INIED		DATE	6-	25-86
	SEA SEA					1	-		/*/	.U. <u></u>		MEDIC	AL EXAM	MINER	3	SIGNED.		
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	TO MEDICAL EXAMMER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	224.0		ION, REMOVAL	224 DAYE		Ton :			ADDRESS_		123d LOC						
	- 44 - 44		RIAL			196		IAME OF CE				CITY OF	NWOTS			COUNTY		STATE
07/84 25M	BP				7-1-19		Al	DAMS CI	IUKCH			L	othi:	an	A	L.A.	Mar	vland
23/1/1	DHMH - 17	74 F	UNERAL DIREC	TOR Annapo	olis,	Md	21401				250. DATE RE	EC'D. BY R	EGISTRA	R 256 RE	GISTR	AR'S SIG	NATURE	1,52,
	(VR A15 ME (5))	MIT	HILAM RI	EESE & S	ons mo	ORTUA	RY, I	P.A.	54		IUN	30	1986	1/2		1-34		
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	121			STAT	E OF MARYLAND			
Sec. 1	1 - STATE REGISTRAR		DEPA		EALTH AND MENTAL HYO	0 0	18	0 6 0
	DECEASED NAME	Janie	Ann		terson	REG. NO.	2- 8	In HOUR
1000	SEX -	Jane	AUII1	IS DATE O		6. AGE (SHITLES) LAVI BETTE	23 80	10p
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0/1/1	OUTH CA	ROLINA	CITIZEN OF WHAT COUNT	MARRIE WIDOWE	/	RINCE	COUNTY OF DEATH	acs mo
24	Tint	OF DEATH	THE OF HOSPITAL NUM	REET ADDRESS)	AND HOSP.	MERCHANT.	MGR F W	WOOT WOT
2/	SUAL RESIDENCE IN STATE	IN COUNTY	HE PUBLISHED ON RESIDENCE AS 13c. CITY OR T	FOR ADMISSIONS DWN	HIM: INSIDE CITY LIMITS?	10 STREET ADDRESS / 7	IP CODE	
330	MD.	CHAR	LES COBB	ISLAND	TES NO X	BOX 51 OA	KLAND DR	. 20625
80	WILLI	AM JÖ	SEPH BOD	IFORD	GEORGIE	withhis	PARS	ÖNS
h	WAS DECEASED	EVER IN U.S. ARMED		ECURITY NO.	17. INFORMANT	ADDRESS		7
1	NO		579-0	1-7277	JOHN J. PA	ATTERSON	SAME AS	The state of the s
	III. CAUSE OF	DEATH (Enter only o ATH WAS CAUSED B	on couse pay of for in the	130		(IAM	DET WHE	N CONSET AND DEATH
3		IMMEDIATE C	77	10	www.ngua	T. Work	-	- 1
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	gave tise to	o immediate stating the	DUE TO, OR AL MA	DUENCE O	To h	10		
	underlying	couse last	120	PA	renocas	prease		
	KART 2 DINE	SALIAA	TIND V	MA TO	MOT RELATED TO THE THAT	AINAL DISEASE OR CONDI	TION GIVEN IN PART	tion .
7	In DATE OF C	OFERATION .	18L CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20s. AUTOPSY?	IN. IF YES, WERE FIND	INGS USED
1				1		VES D NOX	N CERTIFYING CAUSE YES	NO [
3	OR COMPRESSOR	E CAUSE OF DEATH	716 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21r. HOW INJURY OCCUR	RED I SHITE HATURE OF HOURS	WITEN IS THEY ! CHEART)	
7	THE INJURY O	CCUPPED	P.M. 21s PLACE OF INJURY	19	2H LOCATION		10000	
	STWOM D	The Control of the latest and the la	(AT HOME STREET FACTORS OF	CE FAMIL ETC	1000	EITY DE TOWN	COUNTY	7 state
	1-	hat/1) this hospitals	monday he decound to	6/10	1984	10 6/2	3 .000	tho (we) Tust
	bow for a	(was (did) (did not) vi	Ru de Jody Stra death.	100	of that in the lour opinion	death occurred on the date	and hour and from th	or coffees storing
	27h SIGNATU	Xale	& libban	/1	ATTENDING	MEDICAL STAFF	The DAT	12/110
	77 4 943 15 14	VS NAM (19H CH P	Anoson 1	, In	PHYSICIAN	DIRECTOR PHYSICIA		DY JAK
	11	11/17	SON M.D	PA	17 9015 WO	DYARDIC	1 Steal	0/ 1
1	a BURIAL CREMA	TION REMOVAL TO	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	IL NAME OF C	EMETERY OR CREMATURY	1234 LOCATION	2000	
'	В	URIAL	6-26-86	HOLY G			ARLES MA	
/84	FUNERAL DIRECT		Address	No.	25e DA1	E REC D BY REGISTRAR 25		
	AREHART	FUNERAL	HOME, INC.	LA PL	ATA, MD JUN	7 1 1900 P	in Dandary R	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

(TYPE OF WORK FOR MOST OF WORKING LIFE)

STATE

Texas

REGISTRAR			CERTIFICATE OF DEATH	REG. NO.		
MAME NAME	FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
121161180	ROSE	L. PAY	NE	June	06, 1986	2:25P
EX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UN DER 1 YEAR	IF UNDER 24 HRS
emale		Gaucasian	January 28, 1910	76 YRS.	MONTHS DAYS	HOURS MIN
	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVERMARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH	
Texas		U.S.A.	WIDOWED DIVORCED	PRINCE GEORGE	S COUNT	Y M
ITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL NURSIN	IG HOME OR OTHER INSTITUTION	12a LISUAL OCCUPATION		E DITCINIECC OF

CLINION Housewife SOUTHERN MARYLAND HOSPITAL CENTER N/A USUAL RESIDENCE 20714 136 COUNTY George 13c CITY OR TOWN 13d INSIE Ft. Washington ES X 13a. STATE 13e.STREET ADDRESS / ZIP CODE 1001 Centennial Dr. 13d. INSIDE CITY LIMITS? Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Frank Sides Lavennia York 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 1001 Dr. (TEL TOTE UNKNOWN) (IF YES, GIVE WAR OR DATES) 1.65 18 2001

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

110	403-10-3024	Stuney M. nusted	Ft. Washingt	on. Md.
18 CAUSE OF DEATH (Enter only one cau PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (1/22 Os	ac arrhythmia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
Conditions, if any, which gave rise to immediate		ie conzertive heart		4 years

PART 2. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

NO X 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC)

WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased plive on_

and that in (my) (each opinion death accomed on the date and have and Iram the causes stated abave, (1) (we) tdid) (did not) New the body after death. 22b. SIGNATURE DEGREE 22c. DAJE SJGNET MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING

PHYSICIAN

22d. PHYSICIAM'S NAME ITYPE OF PRINT 11701 Livingston Rd. #101 Ft. Washington, Md. 20744 Dr. JSanford Young

230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

6/10/86 Burial Laurel Land Mem. Park Ft. Worth Tarrant 24. FUNERAL DIRECTOR

6160 Oxon Hill Rd. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE George P. Kalas Funeral Home Oxon Hill. Md. rema Daystron

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

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MEDICAL

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TO FUNERAL DIRECTOR:

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11701 Livineston Ed. *101, 200. 20. 20714

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DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLANDOLIO	OR ATTENDING PHYSICIAN. The low impulse that the death centricate be executed within 24 hours often death. Page 4 in hospital or attending physician.	DRECTOR after this certificate has been signed by the attending physician and completely filled in by the funeral director for and for use of the burstlethment permit from the attendance of the pages I and 2 hourst be filed when 72 hours of the attends and Married Married Married Americal commission or removal.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

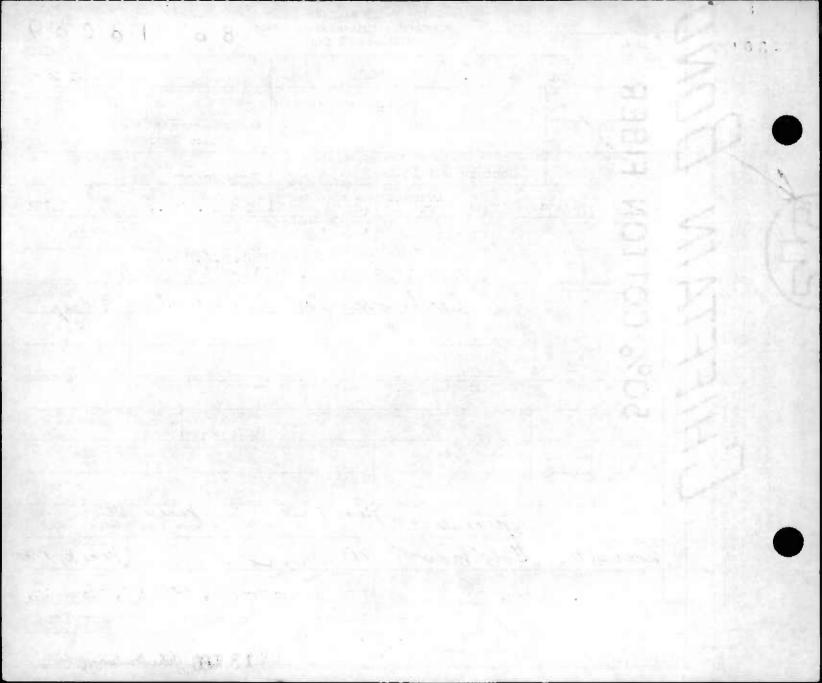
1 - STATE REGISTRAR		DEPA	RTMENT OF HI	EALTH AND		SIENE 8	6 REG. NO.	1 9	3 0	169
DECEASED NAME FIRS	T.	MIDDLE	LA	AST		2a DATE OF	DEATH MON	TH DAY	YEAR	26 HOUR
R	uth	Μ.	Pe	ee1			June	10	1986	12:20 PM
3. SEX	4 RACE		5. DATE O			6 AGE (IN YE	ARS LAST BIRTHDA) IF UND	ER I YEAR	IF UNDER 24 HRS
Female	Whi	te	March	17°	1898	88		YRS. MONTHS	DATS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76. CITIZEN C	F WHAT COUNT	RY? 8 MARRIED WIDOWEI		MARRIED -		ince G	OUNTY OF D	EATH	MD.
Lanham	Dod	F HOSPITAL, NUI JUCHFACILITY, GIVE ST COTS HOS	RSING HOME OF	R OTHER INS		TYPE OF WORK	CCUPATION FOR MOST OF WO		KIND OF DUSTRY	BUSINESS OR
	ME OR OTHER INSTITUTE OUNTY Ince Geor	on give residence at 13% CIUnit	rk	YESX	NO 🗌	13e STREET A 802 40	DDRESS / ZIF	CODE		20782
Harry	MIDDLE	Hanba		Ann Ann	'S MAIDEN NA/	ME	MIDDLE	F	lef1	in
160 WAS DECEASED EVER IN U. (YES NOOR UNKNOWN) (IF Y	S. ARMED FORCES ES GIVE WAR OR DATES)		ECURITY NO. 5 2525		Muland P. Mu					
couse (a), stoting the underlying cause los	t. (c)	OR AS A CONSE		NOT RELATE	D TO THE TERM	INAL DISEASE	OR CONDITIO	DN GIVEN IN	PART 110	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CON	DITION FOR WH	IICH OPERATION	WAS PERF	DRMED	200 AUTOR	IN	. IF YES, WER		OF DEATH?
OR CONTRIBUTING CAUSE	OF DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW II	NJURY OCCURE		NO LI	YES	RPART 2)	NO [
(IF EITHER, NOTIFY MEDICAL EXA		E OF INJURY STREET, FACTORY, OFF	ICE FARM ETC }	211 LOCAT			CITY OR TOWN	cc	YINUC	STATE
22a.t certify that (1) (this saw the deceased of above, (1) (we) (did) (e on	the deceased from	9. 80 Inc	d that in (my	7. 19.86) (our) opinion o	to death occurred	on the date o			
Devid M	Do	dmas		mn	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	2 4 7	lle-	10, 195
David M.		MD		7500		Parkwa	y, Sui	te 105	, Gre	enbelt,
Burial, CREMATION, REMO			Fort I	METERY OR	CREMATORY	23d LOCAT				yland

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
NAME
Hines/Rinaldi

11800 New Hamp. Ave. Silver Spring, Md.

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



		FOR
1.0	l - l	STATE
14 1.5		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6 REG. NO.	1	8	C
	REG NO.			

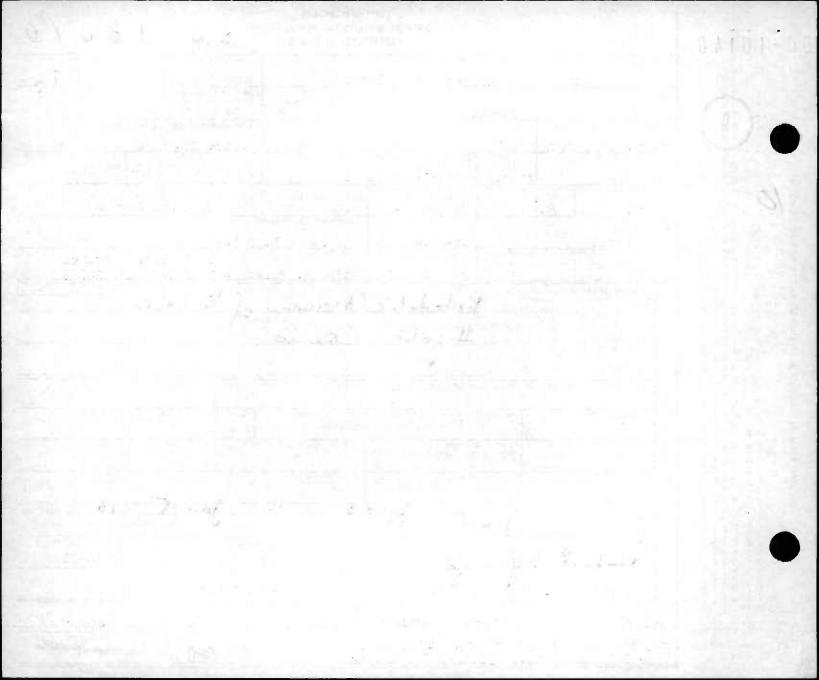
FOR STATE REGISTRAR	DEPAR	RTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	0 0	18	070
1. DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	ONTH DAY Y	YEAR 26 HOUR
(TYPE OR PRINT)		D .			
Carl Carl	Conrad I4 RACE	Peterson 5. Date OF BIRTH	June 15, 19		I YEAR IF UNDER 2 MHRS
247200	4 RACE	MONTH DAY YEAR	AGE (IN TEAKSTAST BIKTIN	MONTHS	DATS HOURS MIN.
Male	Caucasion	10 12 07	78	YRS	
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEA	тн
Washington, D.C.		WIDOWED DIVORCED	Prince Geor		MD.
10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR		Slip Cover	N 12b. K WORKING LIFE) INDU Maker	IND OF BUSINESS OR JSTRY Sears
Cheverly Doual RESIDENCE (IF NURSING HOME	Prince George's				1) 10
13s. STATE 13b. CO	UNTY 13c. CITY OR TO		3724 Harm		ue 784
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE		4453
Charles	Peterson	n Isabelle L			LAST
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SE			SHarmon A	Worm
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 57701	5084 Helen P Pet	erson Landov		
-11	anly one cause per line for (a), (b),		Letson Landov	è Mu	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate couse IoI, stating the underlying cause last	DUE TO, OR AS A CONSEC	the Onere	AINIAI DISEASE OB COND	ITION CIVEN IN B	ADT Inc.
	T CONDITIONS CONTRIBUTING T	O DEATH BOT NOT RELATED TO THE TERM	MINAL DISEASE OR COINDI	ITOM OTVERS IN PA	ART III
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
	DEATH	DAY YEAR	RED (ENTER NATURE OF INJURY		
OR CONTRIBUTING CAUSE OF I	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFK	211 LOCATION STREET	CITY OR TOW	n cour	NTY STATE
HLE NOT WHILE AT WORK			1	-	
saw the deceased olive		m Jude # 3 , 19 86 2 6, and that in (my) (our) opinion	death occurred an the dots	e and hour and fro	om the couses stated
obove, (I) (we) (did) (did	nat) view the body after death.	DEGREE			DATE SIGNED
DI D	JOB 0	ATTENDING	MEDICAL STAFF	AND 6-	16-86
220 PHYSICIAN'S NAME (1YP	PE OR PRINT)	22e ADDRESS	- DIRECTOR LI PHISICIA		
	Gereige, M.D.	4410 74th Av	ve. Landover	Hills, M	ld.
230 BURIAL, CREMATION, REMOVA		RENAME OF CEMETERY OR CREMATORY	23d. LOCATION		STATE OF THE PERSON OF THE PER
Burial	6/19/86	CedarHill Cemetery	Suitland	Prince G	eroge's Md.

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR

FRANCIS GASCH'S SONS FUNERAL HOME, P.A. 4739 Baltimore Ave., Hyattsville, Maryland (VRA 15, 4)

JUN 23 1988 Julia Davidson Registrar's Signature



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	BECIAN The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be	centricals has been signed by the attending physicion and campletely filled in by the funeral director, page in a significant of the please remove carbon papers. Bugs had 2 should be filed within 72 hours after deather the meaning of removiol, cremotion, or removal.
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N OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	thought.	certifical has been signed by the attending physicion and controlled the mit. Then please remove carbon papers, B. ges- mat Hamma prior to buriol, cremation, or removal.
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4	A. F.	Part of Hill
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1 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO.				

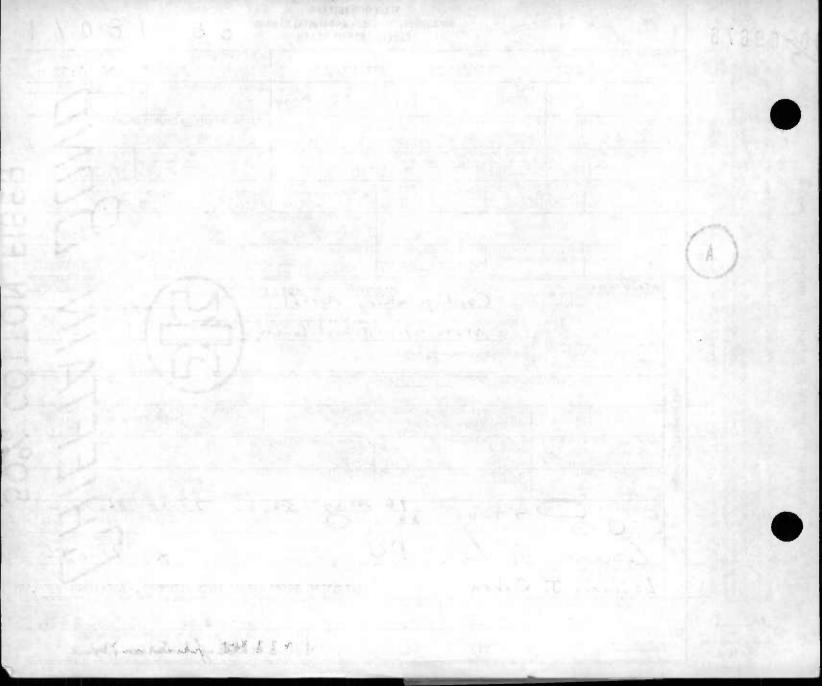
REGISTRAR				REG. N	10.				
1. DECEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR		
GRACE	ELIZABETH	PHILLI	PS		JUNE 7	86	1:32		
3 SEX	4. RACE	5. DATE OF BIRTH	W W. A.	6. AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 H		
FEMALE	BLACK	AUGUST "	9, 1927	58	YRS.	WOMINS DATS	HOURS M		
To. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED W NEV	ED MADDIED	9 BALTIMORE CITY		OF DEATH			
MARYLAND	UNITED STATES	WIDOWED	DIVORCED	PRINCE	GEORG	ES			
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI			12a USUAL OCCUPAT			F BUSINESS		
CAMP SPRINGS	MALCOLM GROW	MEDICAL	CENTER	HOUSEKE	EPER		VATE		
USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 131, COL MARYLAND CH.	JNTY 13c CITY OR TOV		DE CITY LIMITS?	13e.STREET ADDRESS BOX 12 Tr	/ ZIP CODE	Rd /	2064		
14 FATHER'S NAME			HER'S MAIDEN NAM	ME	a voz z	na.,	2004		
JOSEPH	TRAVE	ERS A	NNA	C.		SHEL			
160 WAS DECEASED EVER IN U.S. A		URITY NO. 17 INFO	RMANT	BOX	ESSO THE				
NO	214-28-			LIPS INDI	ĂÑ ĤĒ	RAVERS EAD, M	ARYLA		
18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b), ar	CARDTOP	ULMONARY	ARREST		BETWEEN (IMATE INTERVAL ONSET AND DEAT		
IMMEDIA	ATE CAUSE 10) Cardiop	Inchary.	Arrest						
	DUE TO, OR AS A CONSEQU	ENCE OF METAS	TATTC BRE	EAST CANCER					
Conditions, if ony, which	(1b) Metust	atic Bre	ast lanc	The control of the					
cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF							
underlying couse last.	(c)				11.3	110	199-1		
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERM	INAL DISEASE OR COM	DITION GIV	EN IN PART 110	a		
IPa DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING				700		1			
M DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a AUTOPSY?	206. IF YES IN CERTIF	, WERE FINDIN	OF DEATH?		
T L				YES NO	YES	S 🗌	NO 🗌		
OR COLUMNIA COLUMN		AY YEAR 21c. HOV	V INJURY OCCURR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 P	ART I OR PART 2)			
S (IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.M.	19	March 1						
(IF EITHER NOTIFY MEDICAL EXAMIN	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOC	ATION TREET	CITY OR TO	OWN	COUNTY	STATE		
WHILE NOT WHILE AT WORK									
	attended the deceased fram_	16 mc	- 17	, ta	JULY		that (I) (we) I		
	at) view the bady after death.	86, and that is	my) (aur) opinian d	deoth accurred an the d	ote and havi	and from the	couses stated		
22b. SIGNATURE	11	DEGREE				22c DATE	SIGNED		
Course	o Wohlen	1,0-	PHYSICIAN [MEDICAL STA		150	486		
22d. PHYSICIAN'S NAME TTYPE	OR PONIT)	22e ADD	RESS						
Laurence J	Cohen	MAL	COLM GROW	USAF MED	CENTER	, ANDRE	EWS AFF		
30. BURIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF CEMETERY		23d LOCATION					
BURIAL	6-12-86	T. CHARL	ES	GLYMON	m	CHARLI	ES MD		
4 FUNERAL DIRECTOR		CHAILL	25a. DATE	E REC'D. BY REGISTRA	15h REGISTI	RAR'S SIGNAT	URE		
THORNTON FUN	ERAL HOME ADDRESS	POMONKEY	MEUNI	4 1000	te Varid	born Band	602		

DHMH - 16 60M 7/B4

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O FUNERAL DIRECTOR, After that

(VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0.0
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certification are executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physician.	- 0
TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending accompanient filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon appears and 2 should be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, a moved	895
IMPORTANT: If them 21 is marked or them 28 shows any injury, or other troumanterent. The medical examiner must be notified at order	5 9

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
LAST 20 D

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REG. NO.		U	•	

		REGISTRAR			CERTII	ICAIL OI	DEATH	•	REG. NO	o. •			
		CEASED NAME FIRST SUS		E.	ı	PINK	VEY	20 DATE O	F DEATH	06-04	-86	3:2	OPM _M
	3. SEX	FEMALE	4. RACE BLAC	CK	S. DATE C		ŽŠ	6 AGE (IN	YEARS LAST BIRT		ONTHS DAY		R 24 HRS MIN.
5		RTHPLACE (STATE OR FOREIGN	U.S.	WHAT COUNTRY?	8. MARRIEI WIDOWE		MARRIED		CE GEOF			Υ	MD.
1		TEVERLY		GEORGE TES				(TYPE OF WO	RK FOR MOST OF	F WORKING LIFE	INDUSTR	OF BUSIN	
)	130. S	AL RESIDENCE (IF NURSING HOME STATE 13b. CO		GIVE RESIDENCE BEFORE 13(, CITY OR TOW) LANHAM	N	13d. INSIDE	CITY LIMITS?		ADDRESS / BRIGH		r RD.	#102	2070
)	14. FA	PERCY	WIDQLE	STEWA	RT		'S MAIDEN NA FIRST RY	ME	MIDDLE			LAST	
	16a V	VAS DECEASED EVER IN U.S. YES. MORUNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	218-20-2		17 INFORM	ANT PINKNEY	(3030	BRIGH		RD.	LANH	AM MD
7	ATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying come last. PART 2: OTHER SIGNIFICAN No. DATE OF OPERATION	t CONDITIONS CO	AS A CONSEQUE DINTRIBUTING TO D	BEATH BUT	0	CHARLES AND	CSF I		20b. IF YES,	WERE FINE	DINGS USE	D
7	MEDICAL CERTIFICATION	The ACCIDENT WAS UNDERSYND. OR CONTRIBUTING CAUSE OF IF EDISE, NOTEY WEDGE, ALEANNI THE NOTEY OCCURRED.	DEATH HOUR A.A.	M. MONTH DA M. DE INJURY	19	711 LOCAT		YES T		YES	RT) Q# PART I	NO [
	ME	WHAT WORK AT WORK TO A TWORK AT WORK TO A TWORK TO A TWORK TO A TWORK TO A TWORK TO A TWO	pital) attended the on natiview the body of the body o	deceased from _	\$6	5/15	19 St	MEDICAL		13/1	9 8 C and from the DA	that (f) o	STATE OF THE STATE
	23a. B	BURIAL, CREMATION REMOV	(1	23c. N			CREMATORY ETERY	23d LOC	ATION Y OR TOWN NDOVE	R	EOUNTY P. G.	MT	STATE

24 FUNERAL DIRECTOR ROLLINS FUNERAL HOME, INC. DHMH - 16 60M 7/84 (VRA 15, 4)

4339 HUNT PLACE, N.F.

MD.

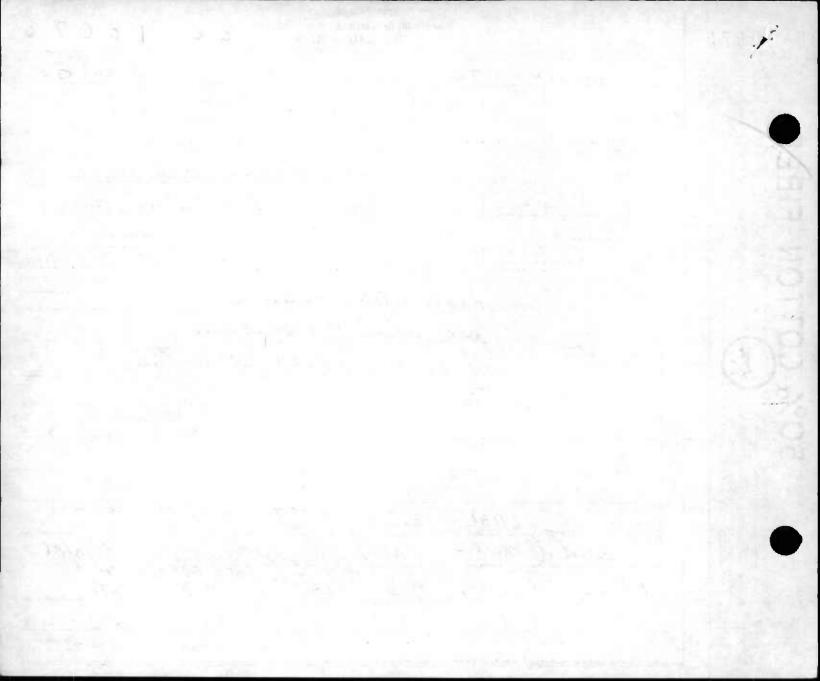
WASHINGTON, D.C. 20019

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6010 REISTERSTOWN RD. BALTO, MD 21215

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)



	STATE OF MARYLAND
FOR	DED A DEMENT OF UPALTU AND MEN

MENT OF HEALTH AND MENTAL HYGIENE

8 6 REG.	NO.	i	8	0	1	di
TE OF DEATH	MONTH	DAY	VEA	0 6	L LIOUD	_

1.	REGISTRAR				CERTIF	ICATE OF DEATH		S RE	G. NO.	1 1	3 U	1	-
	CEASED NAME OR PRINT)	COLE		AIDDLE	ı	RAKESTRAW	20	. DATE OF DEA			YEAR	2b HO	
		COLLI	_1 4			RAKESTRAW			6	25	86	11	40PM
3 SE	X	4	RACE		5 DATE C			AGE (IN YEARS L	AST BIRTHDAY)	IF UN	DER 1 YEAR	IF UNDE	R 24 HRS
F	remale		White		3	29 190		86		rRS.		HOURS	Min.
	RTHPLACE (STATE OR	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIE	X 9.	BALTIMORE C			EATH		
	outh Caroli	na.	U.S.A		WIDOWE	D NEVER MARKIE	D D PF	RINCE GI	EORGE	COUNT	Y		MD.
С	HEVERLY		PRINCE	HOSPITAL, NURSIN	G HOME C	DROTHER INSTITUTION	N 12	usual occi ye of work for the Homemak	MOST OF WOR		At H		
13a. S Ma	al residence (IF NURS STATE Lryland	136 COUNT Prin	other institution, ryGeorge ce	GIVE RESIDENCE BEFORE 131. CITY OR TOWN Landover	ADMISSION)	13d. INSIDE CITY LIM YES 💢 NO [ITS? 13	3916 493	rd Av	cobe 207	84		
14. FA	ATHER'S NAME FIRST		ODLE	LAST		15. MOTHER'S MAIDE	ENNAME	MIC	DIE.		LAS	,	1000
J	John		-	kestraw		Salli		平 。	DCE.	Fin	dlev	,	
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMATETO	ther	A	3910	73rd	Ave.		
(NO NO	N	WAR OR DATES)	217-82-8	3742	Mr. Samue		kestraw	Lan	dover			0784.
NOI	Conditions, if any, gave rise to improve to improve to improve to improve to improve to the cause (o), staffin underlying cause	which nediate g the lost.	DUE TO, O	Unt here	NGE OF Heg.	abolic in the control of the control	e termina	Jance Dless.	Schritio	N GIVEN IN	PART 10	a	
CERTIFICATION	19a DATE OF OPERA	NOIT	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY	INC	IF YES, WE CERTIFYING YES			
MEDICAL CER	21a. ACCIDENT WAS UNE OR CONTRIBUTING () (IF EITHER, NOTIFY MEDI 21d. INJURY OCCURI	CAL EXAMINER)	P./ 21e PLACE (M. MONTH DA	Y YEAR	21c. HOW INJURY O	CCURRED		OF INJURY IN IT		OR PART 2)		STATE
Σ	WHILE NOT WH	IILE	(AT HOME, 518	ELI, FACTORT, OFFICE, FA	mam, ETC J				00		0.00		
	22a.l certify that (II sow the decease above, (I) (we) (c 22b. SIGNATURE 22d. PHYSICIAN'S NA	ed alive andid) (did nat	view the body			19_nd that in (my) (aur) appended that in (my) (aur) appended ATTEND PHYSIC 22e ADDRESS	ING _ /	th occurred an	the date ar				tated
	KOBERI	.) (FRE	COE		4410	FYT	Avel	0 40	09 His	100	JACC	Z.F
230	BURIAL, CREMATION,	REMOVAL	June 2			emetery or crematelphia Bapt		23d LOCATION		urg C	öunt	y,S.	C.TE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending is should be detached for use as the burial-transit permit. Then please remove carbinal with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or test

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

injury, or other traumotic ev

MPORTANT: If Hem 21 is marked or Hem 18 shows ony

300 4th Street N.E. Washington, D.C. 20002.

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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Property At Area

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RTGR N.M. 237-19-8711 114 Same) Reneters Instruct. M.D. 2075

T. Cillies Laste Designation .T.

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	STATE OF MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6 REG. NO.	Ì	8	Ü	1	
-	REG. NO.					

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1. DEC	CEASED NAME	FIRST		MIDDLE		LAST	2a. DATE OF DE	ATH MONTH	DAY YEAR	26 HOL
,,,,,		EV.	Α		RI	EED	1	06	22 86	111
3. SE)	X	4	RACE		5. DATE (6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YE	
F	FEMALE		BLACK		AUGUS		73	YR		S HOURS
Ja. BII	RTHPLACE (STATE OR F	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE			
	outh Caroli	ina	Unite	d States	WIDOW	ED [X] DIVORCED	PRINC	E GEORG	E'S COU	YTY
10: CI	ITY OR TOWN OF DEA	ATH 1	11. NAME OF		IG HOME (OR OTHER INSTITUTION	120. USUAL OCC			OF BUSINE
CH	HEVERLY			SPITAL A		DICAL CENTER		cropper		ivate
USUA 13a. S	AL RESIDENCE (IF NURS	ING HOME OR O		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e.STREET ADD		110	18
		P.G.		Landover		YES X NO	1903 Vi	rginia	Avenue	10 >
A FA	ATHER'S NAME		IDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	IDDLE		
W	Villie .	,,,,	NDDEC	Jackson		Amelia	M	IDDLE	Jac	kson
	WAS DECEASED EVER		NED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		
No		(11 163, 0146	WAR OR DATES	249 62 9	9863	Eva Laws-ni	ece-1903	Virgin	ia Ave.	Lando
	18 CAUSE OF DEAT	H (Enter only	one couse per	line for (n) (b) no	dici					OXIMATE INTER
	Conditions, if ony, gove rise to imm couse (a), statin underlying couse	nediote ig the last.	(b)	R AS A CONSEQUE CHEON R AS A CONSEQUE COWG	NCE OF	IVE HEAD	LT FOR	Make	1	
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 6 REC	6. NO.	-	8	Ü	7	0
ATE OF DEAT	HTMOM H		YAC	YEAR	2h. HOUR	

- STATE REGISTRAR				CERTI	FICATE O	F DEATH	Ö	REG. NO.		8 0	1	0
1. DECEASED NAME	FIRST		MIDDLE		LAST		20. DATE	OF DEATH MO	NTH DAY	YEAR	2b. HOUR	
(TITE ON PRINT)	Wil	liam	В.	Ree1	017			Jur	ne 26.	1986	5:40	A . M
1.5EX	WII	4. RACE		5. DATE	OF BIRTH		6. AGE (II	YEARS LAST BIRTHD	AY) IF I	UNDER I YEAR	IF UNDER ?	4 HRS
male		63116	asian	MONT		1896	89			NIHS DAYS	HOURS	MIN.
a BIRTHPLACE (STATE O	OR FOREIGN		WHAT COUNTRY?	8				ORE CITY OR C	YRS OUNTY OF	EDEATH		
COUNTRY)	_ 1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		R MARRIED	-	one on r <u>on</u> t				
Maryland CITY OR TOWN OF D		USA	HOCOLT LL LIUDGIN	WIDOW		DIVORCED [ince Geo				MD.
10,CITY OR TOWN OF D	EATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER I	NSTITUTION		L OCCUPATION ORK FOR MOST OF W	ORKING LIFE)	126. KIND O	Tron	iaT
Laurel		Greater	Laurel	Rolte	willo	Hospita	Ret			Plas	tics	
U-UAL RESIDENCE (IF NO	HIS CO		GIVE RESIDENCE BEFORE	ADMISSION)		E CITY LIMITS?		ADDRESS / Z	ID CODE			
Md		vard	Savage		YES T	NO X		Woodw		Stree	+ 20	76
L. FATHER'S NAME					15. MOTH	ER'S MAIDEN N.	AME	WOOdw	ara i	Jeree		70.
David		MIDDLE	LAST	. 7	1	FIRST		WIDDLE		LAS	T	
la. WAS DECEASED EVI	ED INLUIC	A DIVED FORCESS	166. SOCIAL SECU	eley	17. INFOR	Annie		ADDRESS		Ch	aney	
(YES, NO OR UNKNOWN)		GIVE WAR OR DATES)										
no			213-01-	-7674	Est	er Smi	rh s	ame as	13e			
gave rise ta i couse (o), sto underlying counderlying cou	ting the use lost.	(c) T CONDITIONS <u>C</u>	N S A CONSEQUE DATRIBUTING TO E	DEATH BUT	NOT RELA	TED TO THE TER	MINAL DISE	TOPSY? [2	ION GIVEN	VERE FINDING CAUSES	NGS USED	
5							YES 🗆	NORA	YES I	CAUSES	NO T	1.
OR CONTRIBUTING (IF EITHER, NOTIFY MI	CAUSE OF E	PEAIN	DF INJURY .M. MONTH DA M.	AY YEAR		/ INJURY OCCU	RRED (ENTER	NATURE OF INJURY H	ITEM IB PART	1 OR PART 2)		
21d. INJURY OCCU	JRRED		OF INJURY REET, FACTORY, OFFICE, F	ARM FIC 1	211 LOCA	TION		CITY OR TOWN		COUNTY	STA	ATE
NOI	WHILE		, OCIONI, OTTICE, F		/1, /	01	3	1/01		01		
22a.1 certify that saw the dece above, it (we 22b. SIGNATURE	osed olive		0 19	36%	nd that in ((y) (m) opinion			ond hour o		that U (we couses stat	
	AVI	OYINEX	unen	10	10	PHYSICIAN	MEDICA DIRECTO	R PHYSICIA	N	61	010/0	10.
BG- Y	MAME (TYP	18/Was	la MD.		22e. ADD		aure	Cfalk &	& La	wel.	MD 2	88
230. BURIAL, CREMATION	N, REMOV	AL 236. DATE 28	3/86 Nes	NAME OF C	EMETERY C	R CREMATORY	23d. LO	CATION	Bar	JOHNYO .	Mdsi	ATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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IMPORTANT, If hem 21 is should be detached to with the State Dept. of

TO FUNERAL DIRECTOR, After this certificate has be-

SANDY SPRING RN. 24 FUNERAL DIRECTOR LAUREL, mD.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

3	REG. NO.	1	8	J	1	1
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	FOR STATE REGISTRAR	DEPARTN	CERTIFICATE OF DEATH	B S REG. NO.	8071
	1. DECEASED NAME ALI C	CE CYNTHIA	ROBERTS	20. DATE OF DEATH MONTH	21 86 444pm
	Female	A.RACE Negro	5. DATE OF BIRTH Sept 8, 1919	1.00	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS BAYS HOURS MIN.
3	OBIRTHPLACE (STATE OF FOREIGN COUNTRY) Virginia	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		MD.
	CLINTON		RYLAND HOSPIT		126. KIND OF BUSINESS OR INDUSTRY Home
	Maryland Char	TY 13c CITY OR TOWN	YES NO	702 Universi	
	FATHER'S NAME Clifton	winston LAST	15. MOTHER'S MAIDE	Mⅅ(F	ith LAST
2	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SECUI (E WAR OR DATES) 216-04-		ADDRÉS O. J. Roberts Waldo	orf, Md 20601
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ENCE OF Puh	Metallaris Metaslaris Mereny Metaslari TERMINANDISEASE OR CONDITION GIV	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 191 VEN IN PART Lig.
f	18s. DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
-	TIA. ACCEPENT WAS UNDERSTOOD TO DEAD OF THE ACCEPTANCE OF THE ACCE	The state of the s	19 2H LOCATION	CCURRED (ENTER HAUSING OF HISSAY IN 1864) IB. I	COUNTY STATE
	22a I certify that (I) (this hospisate the documed alive an obave, (I) (we) (did) (did no 22b SIGNATURE) 22d PHYSICIAN'S NAME (1994) HARVEY	KABER MO	DEGREE ATTENDS PHYSICI	WOODYAR Rd	se and from the course stated 27: DATE MONED (ATCA M)
	230. BURIÁŁ, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 23c. N 6/25/86 Md	Name of CEMETERY OF CREMAT	cm. Cheltenham,	Prount Geo., Mä

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR

TO HOSPITAL

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orked or them 18 shows or

IMPORTANT, If them 21 is auld be detached for the the State Dept. of

74 FUNERAL DIRECTOR
Huntt Funeral Home (VRA 15, 4)

P. D. Box 156 Waldorf, Md 20601

JUN 25 1988

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72 hours ofter death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicion.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	REG.	NO.	Seatter.	8	Ü	1	
OF	DEATH	MONTH		DAY	YEAR	2b. HOUR	

- STATE REGISTRAR			CERTIF	ICATE OF DEA			G. NO.	1 0) U	/ 0
. DECEASED NAME (TYPE OR PRINT)	JUDITH	C.	ROD	GERS		20 DATE OF DEA	1H MON 06		86	26. HOUR 4 30PM
SEX FEMALE	4 RACE	BLACK	S. DATE C	DAY	YEAR	AGE (IN YEARS)	AST BIRTHDAY	MONTE	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
O. BIRTHPLACE (STATE OR FO COUNTRY) NORTH CAROI		N OF WHAT COUN	TRY? 8	D NEVER MAR	RIED	PRINCE	_	DUNTY OF E		MI
CHEVERLY		NE OF HOSPITAL, NU				12a USUALOCC (TYPE OF WORK FOR UNEMPLO	MOST OF WO	RKING LIFE) 12	NONE	F BUSINESS OR
USUAL RESIDENCE (# NURSIN 130. STATE MARYLAND 4. FATHER'S NAME FIRST TURNER BOND	13b. COUNTY	13c. CITY OR	PITOL HG	15 MOTHER'S M.	AIDEN NAM	MI			PTTOJ	20743 L HGT. M
60 WAS DECEASED EVER IT	N U.S. ARMED FOR (IF YES, GIVE WAR OR D. NON.	ATES)	SECURITY NO.	17. INFORMANT		NE WARE	1001			HGT. MD.
gove rise to imme cause (o), stoting underlying cause	d the DUE	TO, OR AS A CONS (c) ONS CONTRIBUTING		T RELATED TO	THE TERMIN	NAL DISEASE OR	CONDITIO	ON GIVEN IN	N PART III	a
	IFICANT CONDITION		TO DEATH BUT	POT RELATED TO	THE TERMIN	NAL DISEASE OR	CONDITIO	ON GIVEN IN	PART II	o
19a DATE OF OPERATI	ION O	CONDITION FOR W	HICH OPERATI	WAS PERFORM	ED	200 AUTOPSY	IN	LIF YES, WE CERTIFYING YES [RE FINDIF CAUSES	NGS USED OF DEATH?
OR CONTRIBUTING CA	AUSE OF DEATH AL EXAMINER) ED 21e. F	TIME OF INJURY UR A.M. MONTH P.M. PLACE OF INJURY OME, STREET, FACTORY, OF	19	211 LOCATION STREET	Y OCCURRE	D (ENTER NATURE	OF INJURY IN		OR PART 2)	STATE
22a. I certify that (I) (saw the deceased	(this hospital) atten	Law 16	19 85 Jar	nd that in (my) (au			date a	-		that (I) (me) las causes stated SIGI ED
1 1/4	, , , ,			ATTE	NDING SICIAN	DIRECTOR P	STAFF HYSICIAN		611	7/86
22d. PHYSICIAN'S NAME AND LE	ME (TYPE OR PRINT)	ACH M.		22e ADDRESS 9500 EMETERY OR CRE	Ann	plu K	2d 8	nte A	1/1	ahardi

DHMH - 16 60M 7/B4

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the build-transit permit. Then please remove carbon papers. P with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

injury, ar other traumatic event, the

IMPORTANT: If them 21 is marked or them 18 shows any

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR . DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) DEATH MATED 5. DATE OF BIRT 6. AGE (IN YEARS DATE PRONOUNCED DEAD A BIRTHPLACE INTAILOR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Z New York USA WIDOWED DIVORCED CO12 WINGE CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK Buf16945EY FOR MOCOMET A WEST OF In STATE Mestchester 13d. INSIDE CITY LIMITS? # FATHER'S NAME 15. MOTHER'S MAIDEN NAME AUDONE Carmine Romanello Elizabeth Sateriale WAS DECEASED EVER IN U.S. ARMED FORCES? 4219 Brandon Lane 16b. SOCIAL SECURITY NO 17. INFORMANT Yes 113-03-5962 Victor Romanello Beltsville, Md. 20705 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions if any, which gave fine to immediate BURIAL - TRA count (a) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to USED AS A B 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT C YES 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION TO MEDICAL EXAMINER: THE CRE EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR MARDED TO FUNERAL DIRECTOR: AGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 27201 F STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN COUNTY STATE Inspection 2 220. I certify that I taak charge of the remains described above, held an Autapsy Inquiry and in my apinion death resulted from Natural couses Suicide Homicide L Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATORE MEDICAL EXAMINER EXAMPLE 5 NAME (TYPE OF PRINT) Circination, REMOVAL 236, DATE 6/27/86 23d. LOCATION 23c NAME OF CEMETERY OR COMMATORY Ferncliff Crematory Crematory Hartsdale Westchester New York BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 4400 Es Powder Beltsville Donald V. Borgwardt in Davidson gandade (VR A15 ME (5))

injury, ar ather traumatic event, the

MPORTANT: If them 21 is marked on Item 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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~	REG. NO.	18			

9	1	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE 8 6		8 0	8	0
1		CEASED NAME FIRST	MIDE	DLE	L	AST	2a. DATE OF DEATH		YEAR	26 HOUR	R
2	(,	Oyvind	L	. R	ydlar	nd	June 15.	1986		7:0	0a _M
	3. SE	X	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 2	
		Male	Caucasia	n	Janua	ary 13, 1895	91	YRS. MON	THS DAYS	HOURS	MIN.
10		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	IAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	-	
1		Vorway	United S	tates	WIDOWE		Prince Geo	orges Co	ountv		MD.
台	1	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FA	CILITY, GIVE STREET A	DDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF	ON F WORKING LIFE)	12b. KIND OF		
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хап	Mar	yland Mont	1TY 13	ethesda		YES NOX	13e STREET ADDRESS / 9913 Holmhi	ZIP CODE	ad/ 20	817	
2	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WIDDIE		LAST		
44	Mat	hias Natha	niel Inge	ebrigtse	n	01ea	Kristin	ne	Mari	.e	
귀		VAS DECEASED EVER IN U.S. AR	MED FORCES? 161	SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDRE	SS	11.7		
Med		No No		62 26 13	02	L. Norman Ryc	lland (son)	Same as	#13.		
- 1		18 CAUSE OF DEATH (Enter on	ly one couse per line	for (o), (b), and	(C))				APPROXIA BETWEEN O	NATE INTERV	AL DEATH
		PART I. DEATH WAS CAUSE	E CAUSE (o) F	Refracto	ry Ca	rdiac Arrythm	ia				
Tauber, Deputy		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(b)A	S A CONSEQUENT S A CONSEQUEN	leros	is Heart Dise	ase				
Tan	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN									
John	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH			PERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WI IN CERTIFYING YES	ERE FINDING G CAUSES (GS USED OF DEATH	H?
Dr.		21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	140	MONTH DAY	YEAR	21c HOW INJURY OCCURR		Y IN ITEM 18 PART I	OR PART 2)		
bу	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		FACTORY, OFFICE, FAI	RM ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	51/	ATE
eased		22a.1 certify that (1) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	May 19,	eceosed from 80	May 6	19 , ₁₉ 86 id that in (my) (奴) apinion d	, to <u>May 19</u> leoth occurred on the do	, 199		not (I) (
Rele		22d PHYSICIAN'S NAME (TYPE O	R PRINIS	S GEOTH.	<i>y</i>	22e ADDRESS	MEDICAL STAF	IAN 🗌		16, 0017	
		Luis A. Heffess				1140 Varnum S		, Washi	Ington	, D.	C.
	(URIAL, CREMATION, REMOVAL SPECIFY) Burial UNERAL DIRECTORS	June 18.	1986Dee	pda1e	EMETERY OR CREMATORY Memorial Par	23d LOCATION CITY OF TOWN K Lansing	Ingham	n Mich	igan	ATE
	755	NERAL DIRECTOR Robert NAME 7 Wisconsin Ave	A. Pumphi	rey,⊾Eune la, Mary	ral F land	lomes, P.A	18 1986	Julia Dans	SSIGNATION OF THE PARTY OF THE	mdelst.	

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